

Saint Victoria Catholic Church

RELIGIOUS
EDUCATION



2019-2020 Year

Parent's Name _____

Child's Name _____

Address _____

Home Number _____ Cell Number _____ Email _____

Date of Birth _____ Age _____ School Grade _____

School Name _____

Sacraments Received;

Baptism Yes No First Reconciliation Yes No

First Communion Yes No Confirmation Yes No

As a parent of a child in our Religious Education program, I am willing to help as a;

Teacher Substitute Teacher Teen / Youth Group

Bulletin Board Artist

An activity I would be interested in assisting with is _____

Parent's Signature: _____

Date: _____