

Welcome to Mount Virgin Religious Education Ministry



Last Name: _____ Parent's Name(s) _____

Address: _____ Home Phone _____

City, State & Zip _____ Cell Phone _____

<i>Child</i>	<i>Age</i>	<i>Grade</i>	<i>Birthday</i>	<i>Baptism</i>	<i>Penance</i>	<i>Holy Comm.</i>	<i>Confirm.</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

The Current School your child(ren) attend: _____

Special Needs _____

Emergency Contact Name & Number _____

Would you like to be more involved in the active life of our parish? _____

What gifts & talents can you offer back to God? _____

Parent's Signature _____ Date: _____