

# SPRED REGISTRATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parish: \_\_\_\_\_

Grade & School Attending: \_\_\_\_\_

Parent/Guardian (1): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Has your child received the sacrament of Baptism? \_\_\_\_\_

Penance/Eucharist? \_\_\_\_\_ Confirmation? \_\_\_\_\_

Allergies/Food Restrictions: \_\_\_\_\_

\_\_\_\_\_

Other notes about my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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