

Saint Columba Catholic Church
Christian Youth Education
Registration Form
 (To be completed only when child initially enters the CYE Program)

Student Name: _____ Gender: F / M

Address: _____
Street City Zip code

Date of Birth: _____ Telephone: _____

School District Attending: _____ **Grade:** _____

E-mail address: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Mother's Maiden Name: _____

Church of Marriage: _____

✓ **Is your Family registered at Saint Columba Parish?** yes no

City of Birth _____

Sacrament(s) student has received:

	Church	Location	Date
Baptism*	_____	_____	_____
1 st Penance	_____	_____	_____
1 st Communion	_____	_____	_____
Confirmation	_____	_____	_____

***Baptismal Certificate Required**

Name of Parent(s)/Guardians(s) student is living with: _____

Any learning/medical conditions that would affect classroom instruction:

Any reason that would affect student from attending all Sunday CYE classes:

Signature _____

Date _____