

**Registration – 1<sup>st</sup> thru 8<sup>th</sup> Grade**

**2526 Haymaker Road**

**Monroeville, PA 15146**

**Donna Lew-Buechel, Director of Religious Education**

**(412) 349 – 0942 Office / Email – [namreoffice@gmail.com](mailto:namreoffice@gmail.com)**

Please Complete Both Pages of this form

Checks should be made payable to North American Martyrs Religious Education

**Registered Parishioner: 1 child \$50.00 2 children \$70.00 3+ children \$85.00**

Registered in Parish: Yes No If no Parish Registered in: \_\_\_\_\_

Enclosed \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

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

Address Child(ren) Reside: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Maiden: \_\_\_\_\_ Mother Religion: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Name: \_\_\_\_\_ Father Religion: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Can Texts be sent to cell phones: Mother: Yes No Father: Yes No

Mother Email: \_\_\_\_\_ Father Email: \_\_\_\_\_

Contact Person if Emergency during CCD classes:

Name and Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Volunteer Help**

Sub Catechist (Teacher): \_\_\_\_\_ Grade(s): \_\_\_\_\_ Classroom Aide: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Hall Monitor during CCD Classes: \_\_\_\_\_ Availability: \_\_\_\_\_

1. Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ CCD Grade: \_\_\_\_\_ Male / Female  
School Attending: \_\_\_\_\_ School District: \_\_\_\_\_  
Child Baptized: YES NO Reconciliation: YES NO Eucharist: YES NO  
Church of Baptism (Copy of Certificate if new student): \_\_\_\_\_  
Special Needs (Learning difficulties, allergies, physical or health needs, family circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

2. Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ CCD Grade: \_\_\_\_\_ Male / Female  
School Attending: \_\_\_\_\_ School District: \_\_\_\_\_  
Child Baptized: YES NO Reconciliation: YES NO Eucharist: YES NO  
Church of Baptism (Copy of Certificate if new student): \_\_\_\_\_  
Special Needs (Learning difficulties, allergies, physical or health needs, family circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

3. Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ CCD Grade: \_\_\_\_\_ Male / Female  
School Attending: \_\_\_\_\_ School District: \_\_\_\_\_  
Child Baptized: YES NO Reconciliation: YES NO Eucharist: YES NO  
Church of Baptism (Copy of Certificate if new student): \_\_\_\_\_  
Special Needs (Learning difficulties, allergies, physical or health needs, family circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

4. Name (First, Middle, Last) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_ CCD Grade: \_\_\_\_\_ Male / Female  
School Attending: \_\_\_\_\_ School District: \_\_\_\_\_  
Child Baptized: YES NO Reconciliation: YES NO Eucharist: YES NO  
Church of Baptism (Copy of Certificate if new student): \_\_\_\_\_  
Special Needs (Learning difficulties, allergies, physical or health needs, family circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

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**Picture Permission:**

I give permission for my child(ren) to be photographed during CCD:

\_\_\_\_\_ Please Sign

I do not wish to have my child photographed:

\_\_\_\_\_ Please Sign