4. Child's Full Name: _		M F
Date of Birth:		Grade to be enrolled in:
Please check sacra	ments already received:	
	aptism Baptized at: Blessed Saci f child's Baptismal Certificate, IF Sacramen	rament or Other Parish  t was received outside of Blessed Sacrament
Do	ADDITIONAL INFORM. o any of your children have allergies? _	
li	YES, please list the name of the child a	and their allergy(ies):
Name:	Allergy:	
Name:	Allergy:	
Name:	Allergy:	
		ease provide any other information which yous, learning challenges, emotional difficulties).
	PERMISSION FOR	<u>RM</u>
,		hereby give permission for my child(ren),
	and a material of the et Diagram and Consumer and in most be	to go on local walks, visits and
neignbournood trips. I u on these excursions.	nderstand that Biessed Sacrament is not ne	eld responsible for any accident or injury while
	Privacy Act, we are also requesting your per four programming or celebrations, etc.	mission to use your child(ren)'s photograph(s)
I, Catechism Program to ι		grant permission to the Blessed Sacrament y child(ren): .
Date:		
REDUCED F	REGISTRATION FEE: \$70.0 NO FAMILY REGISTRATION FEE F AMILY REGISTRATION FEE (\$35.00) WORKBOOK FEE: \$25.00	FOR CATECHISTS FOR ASSISTANT CATECHISTS
	# OF WORKBOOKS: x \$25.0	00 =
TOTAL: Re	gistration Fee+ Workbook	k Fee =
	Date F	Paid: