St. Pascal

St. Bart´s

**Our Lady of the Rosary Church Religious Education 2022-2023**

**Student’s Name** / Nombre del Estudiante:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age**/Edad\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date/Place of Birth** / Fecha/Lugar de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School** / Escuela donde Asiste:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**/Grado:\_\_\_\_\_\_\_\_\_\_

**Language the child Prefers**/ Lenguaje que el niño/a prefiere: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior Religious Education?** / ¿Asistió a Educación Religiosa Anteriormente? Y**es**/sí \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

**Name of Parish /** Nombre de la Parroquia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of years /años\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions/**Condiciones medicas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning difficulties/special needs?/**Problemas de aprendizaje/necesidad especial?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT’S INFORMATION** / INFORMACIÓN DE LOS PADRES

**Mother's Full Name & Maiden Name** / Nombre y Apeido de soltera de la Mama: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father's Name** / Nombre del Padre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion:\_\_\_\_\_\_\_\_\_

**Address** / Dirección\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** / Ciudad **Zip Code** / Código Postal

**Phone/**Teléfono: **Father/**Papa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mothe**r/Mama\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Father/**Papa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother**/Mama \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father**/Papa: **Baptized**/Bautizado \_\_\_\_\_\_\_ **Communion**/Comunion \_\_\_\_\_\_**Confirmation**/Confirmacion\_\_\_\_\_\_

**Mother**/Mama: **Baptized**/Bautizado \_\_\_\_\_\_\_ **Communion**/Comunion \_\_\_\_\_**Confirmation**/Confirmacion\_\_\_\_\_

**Marrital Status** / Estado Matrimonial: **Civil Marriage**/Casados Civilmente\_\_\_\_\_\_ **Church**/Por la Iglesia\_\_\_\_\_\_

**Language Spoken at Home**/ Idioma en Casa: **English**\_\_\_\_ Español \_\_\_\_ **Both**/Ambos\_\_\_\_ **Other**/Otro \_\_\_\_\_

**Emergency Contact**/Contacto de emergencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relation**/Relación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Phone**/ Teléfono de Emergencia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Signature** / Firma del Padre/Madre o Tutor: **Date** / Fecha

* Please Submit the complete form to: [marrez@archchicago.org](mailto:marrez@archchicago.org)

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| --- | --- |
| **Office Use Only / Para la Oficina Solamente** | **TODAY’S DATE** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# Of Students from the same family** |  | **Need Baptism** |  | **Baptism Certificate** |  | **New Student** |  |
| **Pre-Communion** |  | **Communion** |  | **Pre-Confirmation** |  | **Confirmation** |  |