

# SAINT CECILIA

## RELIGIOUS FORMATION

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### SAINT CECILIA RELIGIOUS FORMATION REGISTRATION FORM STUDENT INFORMATION (PLEASE PRINT AND FILL OUT COMPLETELY)

STUDENT NAME \_\_\_\_\_  
First Last

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_  
M/F

RECEIVED BAPTISM \_\_\_\_\_ DATE/PLACE OF BAPTISM \_\_\_\_\_  
Y/N

RECEIVED COMMUNION \_\_\_\_\_ DATE/PLACE OF COMMUNION \_\_\_\_\_  
Y/N

STUDENT NAME \_\_\_\_\_  
First Last

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_  
M/F

RECEIVED BAPTISM \_\_\_\_\_ DATE/PLACE OF BAPTISM \_\_\_\_\_  
Y/N

RECEIVED COMMUNION \_\_\_\_\_ DATE/PLACE OF COMMUNION \_\_\_\_\_  
Y/N

STUDENT NAME \_\_\_\_\_  
First Last

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_  
M/F

RECEIVED BAPTISM \_\_\_\_\_ DATE/PLACE OF BAPTISM \_\_\_\_\_  
Y/N

RECEIVED COMMUNION \_\_\_\_\_ DATE/PLACE OF COMMUNION \_\_\_\_\_  
Y/N

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