Permanent Record
Of
PARISH RELIGIOUS EDUCATION PROGRAM
Diocese of Salina

Student's Name_____
last first middle

Address_____
street number/PO box number city state zip

Date of Birth_____ Place of Birth_____
month/day/year city/state

Father's Name_____ Phone_____
last first middle work # home #

Father's Address_____
Street number/PO box number city state zip

Mother's Name_____ Phone_____
last first middle work # home #

Mother's Address (if different)_____
street number/PO box number city State zip

Guarding (if other than father or mother)_____ Phone_____
last first middle work # home #

Guardian's Address_____
street number/PO box number city state zip

School Currently Attending_____

Date of Baptism_____ Church of Baptism_____

Address of Church_____
city state zip

Preparation for Reconciliation_____/_____/_____ Church_____

First Eucharist_____/_____/_____ Church_____

Confirmation_____/_____/_____ Church_____

Emergency Contact_____
last first middle

Phone Number_____