

SPRED REGISTRATION FORM

Date: _____

Name: _____

Age: _____ Birthday: _____

Address: _____

Parish: _____

Grade & School Attending: _____

Parent/Guardian (1): _____

Contact Phone: _____

Parent/Guardian (2): _____

Contact Phone Number: _____

Email Address: _____

Has your child received the sacrament of Baptism? _____

Penance/Eucharist? _____ Confirmation? _____

Allergies/Food Restrictions: _____

Other notes about my child: _____
