

St. Jude Church
930 Ashland Terrace; Chattanooga, TN 37415
Telephone: 423-870-2386 Fax: 423-876-8960
www.stjudechattanooga.org email: kross@stjudechattanooga.org
Parish Religious Education (PRE) Registration Form

Family Last Name _____ Email _____

Mailing address _____

Street _____ City _____ Zip _____

Home Phone _____ Cell (Mother / Father please circle) _____

Father's Name _____ Father's Religion _____

Address and telephone if different from above _____

Mother's Name _____ Maiden name _____ Mother's Religion _____

Address and telephone if different from above _____

Emergency contact person during class time (other than parent)

Name _____ Relationship _____ Phone _____

Physician's Name/Phone # _____

Student Name	Sex M/F	Birth Date	School	Grade Last year	Sacraments Received (Y/N)		
					Baptism	Reconciliation	Eucharist

Please note any Health Concerns/Special Needs/ Allergies:

Child _____

Child _____

A child's baptismal certificate must be on file prior to receiving the sacraments of Reconciliation & Eucharist.

____ Copy attached ____ Previously submitted ____ Baptized at St. Jude (_____ month _____ year)

Parish Registration

____ Yes, I am registered ____ No, but I am in the process of registering ____ No, please send me a registration packet

Photo Release

Throughout the year, photographs may be taken, and possibly used for publication on the website, in the church bulletin, *Reflection* newsletter, bulletin boards, East TN Catholic Newspaper, or local publications.

____ Yes ____ No I give consent for my child(ren) named above to be photographed during Religious Education classes and

events. Parent Signature _____

Registration Fees: 1 child \$30. 2 children \$45. 3 or more \$55.

Office Use Date _____ Amount Paid _____ Check # _____ Cash _____ Amount Due _____