



**Part 2 –RCIC Registration**

School student now attending \_\_\_\_\_ Grade \_\_\_\_\_

Has student attended Religious Education Classes \_\_\_\_\_

What grade \_\_\_\_\_

Does student have any learning disabilities \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Other important information(such as food allergies) \_\_\_\_\_

\_\_\_\_\_

**Does your child require use of an Epi-Pen (Please initial)** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Other Children enroll in our Religious Education classes

Names	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please provide any additional information in the box below:

