St. Malachy's CCD Family Information for 2026-2027 School Year

Please fill in the following information

Father's Info

First Name	
Last Name	
Work Phone	
Cell/Home phone	
Email	
Head of Household (Y/N):	

Mother's info

First Name	
Last Name	
Work Phone	
Cell/Home phone	
Email	
Head of Household (Y/N):	

Marital Status: (Married/Widowed/Divorced/Single)

Home/Mailing address

Emergency contact if unable to contact parents	
Name	
Cell phone	
Home phone	
Work phone	
Relationship	

Mailing address (If different from home)

(Revised 05/06/26)

St. Malachy Catholic Church Religious Education 2026-2027

Please list all children in the family

Child 1 First	Middle	Last	Birthdate	Birthplace	School Grade
Medical Issues (Allergies, etc.)			**Sacraments (Y/N if received)**		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		
Child 2 First	**Middle**	**Last**	**Birthdate**	**Birthplace**	**School Grade**
Medical Issues (Allergies, etc.)			**Sacraments (Y/N if received)**		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		
Child 3 First	**Middle**	**Last**	**Birthdate**	**Birthplace**	**School Grade**
Medical Issues (Allergies, etc.)			**Sacraments (Y/N if received)**		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		

Child 4 First	Middle	Last	Birthdate	Birthplace	School Grade
Medical Issues (Allergies, etc.)			Sacraments (Y/N if received)		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		
Child 5 First	Middle	Last	Birthdate	Birthplace	School Grade
Medical Issues (Allergies, etc.)			Sacraments (Y/N if received)		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		
Child 6 First	Middle	Last	Birthdate	Birthplace	School Grade
Medical Issues (Allergies, etc.)			Sacraments (Y/N if received)		
			Baptism		
			Reconciliation		
			Eucharist		
			Confirmation		

Saint Malachy Catholic Church **2026 - 2027 School Year**

Religious Education - Student Information

PLEASE PRINT ALL INFORMATION

Child's Information:

First Name			
Middle Name			
Last Name			
Birth Date		xxxxxxx	**Age**
School Grade			
Gender		**T-shirt size**	
Child's e-mail			
Child's cell phone			

Scaraments (check if Received)

Baptism	
Reconciliation	
Eucharist	
Confirmation	

Special Needs: Allergies, medical concerns, etc.