



OUR LADY  
OF KNOCK  
PARISH

**OFFICE OF RELIGIOUS EDUCATION**

## Family Information Form

Family name: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Father's cell number: \_\_\_\_\_ Father's email \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's cell number: \_\_\_\_\_ Mother's email \_\_\_\_\_

Parent(s):    Married ☐    Single ☐    Widowed ☐    Deceased ☐    Divorced ☐

Children live with:    Both parents ☐    Mother ☐    Father ☐    Other ☐ \_\_\_\_\_

*NOTE: If parents are separated or divorced and both parents wish to be informed of upcoming events, please provide the details for this additional household.*

Additional Household

Name of parent \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip code \_\_\_\_\_

Best phone number \_\_\_\_\_ Email \_\_\_\_\_

In case of Emergency Contact (if both parents are not available):

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Best phone number to reach Emergency Contact \_\_\_\_\_

Special Medical Concerns/Allergies: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Sacramental Information

For those students and families beginning in Religious Education for the first time, **please provide copies of Sacramental Certificates** for the Sacraments that the child has already received *if they were not received at St. Patrick or St. Mary Star of the Sea Churches.*

Child's Name (1): Grade in 2025:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Sacramental Information</b> Baptism: Parish of Baptism _____ City/State _____ Date _____  First Communion: Parish of First Communion _____ City/State _____ Date _____		
Child's Name (2): Grade in 2025:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Sacramental Information</b> Baptism: Parish of Baptism _____ City/State _____ Date _____  First Communion: Parish of First Communion _____ City/State _____ Date _____		
Child's Name (3): Grade in 2025:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Sacramental Information</b> Baptism: Parish of Baptism _____ City/State _____ Date _____  First Communion: Parish of First Communion _____ City/State _____ Date _____		
Child's Name (4): Grade in 2025:	DOB (mm/dd/yyyy): School:	Place of birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Sacramental Information</b> Baptism: Parish of Baptism _____ City/State _____ Date _____  First Communion: Parish of First Communion _____ City/State _____ Date _____		