

Office Use Only

Fee \$75/\$90  
FHC Fee/Level 2 \$25  
Paid Yes No Cash Check  
Other Fee Due \_\_\_\_\_

St. Mary's Religious Education

Class Choice Day \_\_\_\_\_  
2<sup>nd</sup> Choice Day \_\_\_\_\_

New Registration Form

\_\_\_\_ I can volunteer to help  
in the program

Reg by \_\_\_\_\_ Date \_\_\_\_\_

2010-2011

**STUDENT INFORMATION**

Baptismal Name \_\_\_\_\_ NickName \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M-F

Last Name \_\_\_\_\_

Baptized \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name \_\_\_\_\_ Full Address \_\_\_\_\_

(CHILD WILL BE PLACED ON CLASS LIST ONLY IF BAPTISMAL CERTIFICATE IS ATTACHED TO THIS FORM)

Communion \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name \_\_\_\_\_ Full Address \_\_\_\_\_

Penance \_\_\_\_/\_\_\_\_/\_\_\_\_ Church Name \_\_\_\_\_ Full Address \_\_\_\_\_

Name of school child attends \_\_\_\_\_ School Grade this Sept \_\_\_\_\_ Religion Grade Lev \_\_\_\_\_

Circle Rel Ed/Catholic School grades completed 1 2 3 4 5 6 7 8 (applies to grade 2 and up)

Special Medical Conditions/Medications \_\_\_\_\_

Procedure to follow if condition presents an emergency \_\_\_\_\_

Learning Disability (Remains Confidential) \_\_\_\_\_

Indicate hyperactivity, ADD, ADHD, difficulty reading, hearing impairment etc.

Child lives with \_\_\_\_\_

Parents, Mother-Stepfather, Father-Stepmother, Grandparents, Aunt, Uncle

**FAMILY INFORMATION** FAMILY NAME \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Last Name

Mother \_\_\_\_\_ Religion \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Last Name

Mother Maiden Name \_\_\_\_\_ Marital Status of Parents \_\_\_\_\_

Church-Place, Address and Date of Marriage \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Home Telephone \_\_\_\_\_ Unlisted Y N Cell NO. \_\_\_\_\_

E Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

StepParentName \_\_\_\_\_ BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_ Religion \_\_\_\_\_

Other Household Members \_\_\_\_\_ BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_

not listed above \_\_\_\_\_ BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BirthDate \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Info \_\_\_\_\_

Doctor/Phone Dentist/Phone Hospital

If I cannot be reached I give permission for my children to receive emergency medical attention at the nearest hospital

Parent Signature \_\_\_\_\_