ST. MARY REGISTRATION FORM

RELIGIOUS EDUCATION

(Please fill out one sheet PER student)

Father's name:	Father's Religion:		
Mother's Name:	10ther's Religion		
Mother's Maiden Name:	Married: Ye	s	_ No
Address:	Town:	· · · · · · · · · · · · · · · · · · ·	_Zíp:
Home Phone:	E-maíl:		
Father's Cell:	Father's Work #: _		
Mother's Cell:	Mother's Work #: .		
Emergency Contact:	Phone #	·	
(NO REGISTRATION CAN BE ACCEPTED WI	THOUT EMERGENO	YINFO	RMATION)
If student lives with someone other than parent,	please indicate:		
Student's Last Name:			
Student's Date of Birth:	Male or Female (círcle) Grade:		
School:			
If you have already provided us with a Baptisma	l Certificate, you nee	d not fil	l in Baptismal info
Date of Baptism:Church	of Baptism		
Church address:To	wn:	_state:_	Zíp:
Indícate Sacraments your student has received:	Baptísm:	Yes	No
	First Penance:	Yes	No
	Fírst Eucharíst:	Yes	No
			(Please see other side)

applies to your child. Confidentiality will be maintained. Only necessary information will be shared with your child's teacher. Please circle: Reading Difficulties (specify below) ADD/ADHD Medication (if applicable) Does not like to read in class Autism Carries epi-pen Food Allergy (specify below) We are committed to creating the most positive learning environment possible. Therefore, are there any other concerns (physical or otherwise) we should be aware of for the benefit of your student and his/her teacher? To whom should mail be addressed _______ Signature of person filling out information:

In order to best serve the needs of your student, we ask that you indicate if any of the following