

ST. MARY REGISTRATION FORM

RELIGIOUS EDUCATION

(Please fill out one sheet PER student)

Father's name: _____ Father's Religion: _____

Mother's Name: _____ Mother's Religion: _____

Mother's Maiden Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ E-mail: _____

Father's Cell: _____ Father's Work #: _____

Mother's Cell: _____ Mother's Work #: _____

Emergency Contact: _____ Phone #: _____

(NO REGISTRATION CAN BE ACCEPTED WITHOUT EMERGENCY INFORMATION)

If student lives with someone other than parent, please indicate: _____

.....
Student's Last Name: _____ First Name: _____

Student's Date of Birth: _____ Male or Female (circle) Grade: _____

School: _____

If you have already provided us with a Baptismal Certificate, you need not fill in Baptismal info

Date of Baptism: _____ Church of Baptism: _____

Church address: _____ Town: _____ State: _____ Zip: _____

Indicate Sacraments your student has received: Baptism: Yes _____ No _____

First Penance: Yes _____ No _____

First Eucharist: Yes _____ No _____

(Please see other side)

In order to best serve the needs of our students, we suggest that you indicate if any of the following applies to your child. Confidentiality will be maintained. Only necessary information will be shared with your child's teacher. Please circle:

ADD/ADHD

Reading Difficulties (specify below)

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: _____

Date: _____