

REGISTRATION FORM

Name of Student _____

Date of birth _____

Address _____

City/town _____ state _____ zip _____

Phone(s) _____

Student's School _____ grade _____

Family E-mail _____

Parents' Names _____

**Name(s) of Other Parents/Legal
Guardian(s)** _____

Is the student baptized? Yes No

Date of Baptism _____

Church of Baptism &
Address _____

=====

***Not baptized at St. Mary's in Oneonta? Please ATTACH BAPTISMAL
CERTIFICATE!**

(Please complete reverse)

Personal & Medical Issues

(All information will be kept strictly confidential)

Does the student have any serious allergies? (If so, please list)

Serious medical conditions? _____

Are there any **Orders of Protection** in force for the student? *(Explain briefly & attach a copy to this form)*

PERMISSION FOR PHOTOGRAPHS/VIDEO TAPES

I hereby authorize and give my consent for the taking of pictures (moving or still)

of _____ and further give my permission for their reproduction for:

1. teaching purposes
2. news release
3. publication
4. community awareness programs
5. parish website

Date

signature

(this space may be used to state any restrictions you may have on the above)