St. Mary, Our Lady Queen of Families Parish Religious Formation Registration Form 2023-2024

Child's Last Name:	Home Phone	#:
Child Resides With (Name):	Parent	GuardianRelative_
Address:		
Father's First And Last Name:		
Occupation:	Alt Phone:	Cell Phone
Mother's First, Last & Maiden Name:		Religion:
Occupation:	Alt Phone:	Cell Phone:
Alt Emergency Name & Relationship:	-	Phone:
Email:	<u>@</u>	·
A copy of their Baptisn	nal Certificate is required	for all students
List below those children who will be at		•
First Name Sex Date of Birth Gra	ade Church of Baptism F	irst Eucharist at Confirmat
Does Your child have any physical/medic	al conditions that we need to	o be aware of?
Does Your child have any physical/medic Child's Name:		o be aware of?
·	Conditio	n:
Child's Name:	Conditio	n:
Child's Name: Does your child have any special academic	Conditio ic needs/modifications? Chil	n:ld's Name:
Child's Name:	Conditio ic needs/modifications? Chil	n:ld's Name:
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