

SECOND CHILD

STUDENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

BIRTHDATE: _____ PLACE of BIRTH: _____ CITY _____ STATE _____ SEX: _____

SCHOOL CHILD ATTENDS: _____ GRADE IN SCHOOL: _____

GRADE IN RELIGIOUS EDUCATION PROGRAM: _____

- _____ Kindergarten thru 6th grade Wednesday afternoon 3:45 – 4:45 PM
- _____ 7th thru 10th grade Wednesday Evening 7:00 – 8:00 PM
- _____ 11th grade see special schedule

Where can you or someone else who will be responsible for your child(ren) be reached during class time?
Name of Person: _____ Phone: _____

SACRAMENTAL INFORMATION: Fill in the sacraments this child has received

Baptism: _____ Date _____ Church / City/ State _____ Sponsor(s): _____

****IF NOT BAPTIZED AT ST. PAT'S IN SPARTA, WE NEED A COPY OF CERTIFICATE WITH REGISTRATION****

Eucharist: _____

Reconciliation: _____

THIRD CHILD:

STUDENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

BIRTHDATE: _____ PLACE of BIRTH: _____ CITY _____ STATE _____ SEX: _____

SCHOOL CHILD ATTENDS: _____ GRADE IN SCHOOL: _____

GRADE IN RELIGIOUS EDUCATION PROGRAM: _____

- _____ Kindergarten thru 6th grade Wednesday afternoon 3:45 – 4:45 PM
- _____ 7th thru 10th grade Wednesday Evening 7:00 – 8:00 PM
- _____ 11th grade see special schedule

Where can you or someone else who will be responsible for your child(ren) be reached during class time?
Name of Person: _____ Phone: _____

SACRAMENTAL INFORMATION: Fill in the sacraments this child has received

Baptism: _____ Date _____ Church / City/ State _____ Sponsor(s): _____

****IF NOT BAPTIZED AT ST. PAT'S IN SPARTA, WE NEED A COPY OF CERTIFICATE WITH REGISTRATION****

Eucharist: _____

Reconciliation: _____