St. John Fisher Parish Religious Education Program

New Student Registration Form

	For Office Use Only								
	Date	_ Grade	Day	Time	Paid				
Please	1. MOT	HER'S EM	AIL:	AIL ADDRESSE					
tudent's Last Name		First N	Tame	Middle	Middle Name				
ate of Birth			Place of Birth (City and State)						
1ddress	ddress		City	State	Zip Code				
O .			School Grad ember, 2023	F					
Parish	That Child Att Religious Educ rogram, If Appl	cation	Mother's Na						
Iother's	Religion		Father's Religion						
lome Ph	ome Phone		's Work	Mother	Mother's Cell				
Cather's	uther's Work		's Cell		MARRIED, SEPARATED VINGLE PARENT, DIVORCED				
				r Grade 1 throu edule of classe					
		IN-PERSON or							
Оау	TimeHOMESCHOOLING								

			Sacramenta	l Informat	ion*	
	Baptism		Reconciliation		Eucharist	Confirmation
hurch						
Date/_/_						
City						
State						
D			Than	k you.	ecially for Bapt	
Allergies		ovide any medical infor Medication		Medical Concerns or Physical Disabilities		our child. Learning Disabilities
auth	orized p	ersons, oth	er than you	rself, who	ut the name or i	ner/them up
				our staff.	orized person to Please notify tl	ne Director
prep	eligious	Education	Phone Nun		Relationsh	