

New Student Registration Form

For Office Use Only			
Date_____	Grade_____	Day_____	Time_____ Paid_____

Please fill out this form completely. EMAIL ADDRESSES:

- 1. MOTHER'S EMAIL:** _____
- 2. FATHER'S EMAIL:** _____

Student's Last Name *First Name* *Middle Name*

Date of Birth *Place of Birth (City and State)*

Address *City* *State* *Zip Code*

School Attending *Public School Grade* *Prep Grade* *Gender*
In September, 2020 *In Sept. 2020*

Grade(s) That Child Attended _____
A Parish Religious Education *Mother's Name*
(CCD) Program, If Applicable _____
Father's Name

Mother's Religion _____
Father's Religion

Home Phone _____
Mother's Work _____
Mother's Cell

Father's Work _____
Father's Cell **MARRIED, SEPARATED**
OR DIVORCED

Please write your session preference for Grade 1 through Grade 5 (see the attached sheet for schedule of classes):

Day _____
Time

Child is the youngest or only family member in PREP(Y/N)? _____

Sacramental Information*

	Baptism	Reconciliation	Eucharist	Confirmation
Church				
Date	___/___/___	___/___/___	___/___/___	___/___/___
City				
State				

***Please provide complete dates, especially for Baptism.
Thank you.**

Please provide any medical information that pertains to your child.

Allergies	Medication	Medical Concerns or Physical Disabilities	Learning Disabilities

For your child(ren)'s protection, please fill out the name or names of authorized persons, other than yourself, who may pick him/her/them up at dismissal. Parents should inform the authorized person to be prepared to identify themselves to our staff. Please notify the Director of Religious Education promptly if any changes are in order.

Name	Phone Number	Relationship

Is there anyone who might stop for your child that you do NOT wish to have your child released to?

