

**St. Charles Borromeo Parish
Catholic Youth Formation New Student Registration ~ 2018 – 2019
Elementary Grades 1-8**

Date _____

Family Name _____ **Envelope Number** _____

Father's Full Name _____ **Religion** _____

Address _____ **City** _____ **Zip Code** _____

Home Phone () _____ **Cell Phone ()** _____ **Email** _____

Mother's Full Name _____ **(Maiden)** _____ **Religion** _____

Address _____ **City** _____ **Zip Code** _____

Home Phone () _____ **Cell Phone ()** _____ **Email** _____

Child resides with: Both parents Mother only Father only

Send mail to: Both parents Mother only Father only

Child(ren) Information
Grades 1-8, please list *grade* as of 09/01/18

Student's Name	Sex M/F	Date of Birth	Grade (in the Fall)	School Attending	Sacraments Received		
					*Include a copy of Baptismal Certificate		
					Baptism Church & Denomination	First Eucharist	First Reconciliation
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Over)

CONFIDENTIAL INFORMATION

The purpose for gathering this information is that we might be more sensitive to your family and your child(ren) in class.

Marital Status: Married Separated Divorced Single Widowed

Occupation: Father _____ Mother _____ Stepparent _____

Interpreter is needed in class for: _____ **Child's name:** _____

Are there any physical, sensory, emotional, or learning disabilities or any other special needs?

Please list: _____ **Child's name:** _____

Please list: _____ **Child's name:** _____

Are there any medications or medical conditions such as allergies or diabetic needs?

Please list: _____ **Child's name:** _____

Please list: _____ **Child's name:** _____

Signature of Parent / Guardian _____ **Date:** _____

