

**St. Mary's Religious Education  
Family Registration Form, 2018-2019**

**Family Name** \_\_\_\_\_ **Child/ren's Last name, if different** \_\_\_\_\_

Family information:		
Street address _____	City/town _____	Zip code _____
Mailing address, if different from above _____		
Phone _____	Home _____	
Phone _____	Home/Work/Cell/Other _____	Contact name _____
Phone _____	Home/Work/Cell/Other _____	Contact name _____
Email _____	Contact name _____	

<b>Parent Name:</b> Last _____ First _____ Middle Initial _____
Title: <u>Mr./ Mrs./ Ms</u> Suffix: <u>Sr. / Jr. /</u> _____ Maiden Name : _____
Personal Information:
Relationship to child _____
Marital status <u>Married / Divorced / Single / Remarried</u>
Religion _____ Occupation _____
Any special talents that you would be willing to use to help us in Religious Education? _____
Interested in volunteering for:

<b>Parent Name:</b> Last _____ First _____ Middle Initial _____
Title: <u>Mr./ Mrs./ Ms</u> Suffix: <u>Sr. / Jr. /</u> _____ Maiden Name : _____
Personal Information:
Relationship to child _____
Marital status <u>Married / Divorced / Single / Remarried</u>
Religion _____ Occupation _____
Any special talents that you would be willing to use to help us in Religious Education? _____
Interested in volunteering for:

<b>Birth parent</b> (if different from above) (this is needed if birth parent is listed in Baptismal register, so all sacramental information is uniform) Name _____
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Over  
Please



### Child 1

Name (first,middle,last) : \_\_\_\_\_

Gender : M / F Grade (in religious ed) \_\_\_\_\_ Grade in school \_\_\_\_\_ School \_\_\_\_\_

Birth date \_\_\_\_\_ City/ State of Birth \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Certificate \_\_\_\_\_

Please list any information we should be aware regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential : \_\_\_\_\_

Choice of Class for gr 1 – 5 (please indicate 1,2,3 choice)

Su (9:45 – 10:45 am) \_\_\_\_\_ Mon (4 – 5 p) \_\_\_\_\_ Tu (4 – 5 p) \_\_\_\_\_ Gr 6&7: Mon 6 – 7:30 \_\_\_\_\_ Gr 8 & 9: Su \_\_\_\_\_

### Child 2

Name: (first,middle,last) \_\_\_\_\_

Gender : M / F Grade (in religious ed) \_\_\_\_\_ Grade in school \_\_\_\_\_ School \_\_\_\_\_

Birth date \_\_\_\_\_ City/ State of Birth \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Certificate \_\_\_\_\_

Please list any information we should be aware regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential : \_\_\_\_\_

Choice of Class for gr 1 – 5 (please indicate 1,2,3 choice)

Su (9:45 – 10:45 am) \_\_\_\_\_ Mon (4 – 5 p) \_\_\_\_\_ Tu (4 – 5 p) \_\_\_\_\_ Gr 6&7: Mon 6 – 7:30 \_\_\_\_\_ Gr 8 & 9: Su \_\_\_\_\_

### Child 3

Name: (first,middle,last) \_\_\_\_\_

Gender : M / F Grade (in religious ed) \_\_\_\_\_ Grade in school \_\_\_\_\_ School \_\_\_\_\_

Birth date \_\_\_\_\_ City/ State of Birth \_\_\_\_\_

Church of Baptism \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Certificate \_\_\_\_\_

Please list any information we should be aware regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential : \_\_\_\_\_

Choice of Class for gr 1 – 5 (please indicate 1,2,3 choice)

Su (9:45 – 10:45 am) \_\_\_\_\_ Mon (4 – 5 p) \_\_\_\_\_ Tu (4 – 5 p) \_\_\_\_\_ Gr 6&7: Mon 6 – 7:30 \_\_\_\_\_ Gr 8 & 9: Su \_\_\_\_\_

**EMERGENCY CONTACT** (we will always try to reach parents first, but if we are unable to reach you, who would you like us to contact in the event of an emergency?)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to child/ren \_\_\_\_\_ Cell Phone: \_\_\_\_\_