

**MASTER RELIGIOUS EDUCATION REGISTRATION FORM  
2017-18**

The School of Religion is open to the children of all parishioners who are registered, involved, and weekly contributing members of the worshipping community of St Mary's Parish.

**STUDENT INFORMATION:** PLEASE PRINT AND PROVIDE ALL THE INFORMATION REQUESTED

Student Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Grade Registering for: \_\_\_\_\_

**\*\*Email communication is our most frequent method of communication- please print CLEARLY**

**SACRAMENTAL INFORMATION:** **\*\*Copy of Baptismal Certificate MUST be on file with us.**

BAPTISM: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_  
Town/State

RECONCILIATION Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

COMMUNION: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_

**EDUCATION INFORMATION:**

Name of Public School Attending: \_\_\_\_\_ District: \_\_\_\_\_

Special Needs/ Learning Disability: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

**If transferring from another Religious Ed Program:**

Religious Education Program Attended: \_\_\_\_\_ Address: \_\_\_\_\_  
School/ Parish

**Last Religious Ed Grade Level Completed:** \_\_\_\_\_

**FAMILY INFORMATION:** Birth Father's Full Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (work) \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Widower \_\_\_\_ Separated

\_\_\_\_ Divorced/Single \_\_\_\_ Divorced/Remarried

Birth Mother's Full Name: \_\_\_\_\_

**Birth Mother's Maiden Name:** \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (work) \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Widower \_\_\_\_ Separated

\_\_\_\_ Divorced/Single \_\_\_\_ Divorced/Remarried

Do both parents have legal access? Yes/No (circle one) Restrictions: (specify) \_\_\_\_\_

Child resides with: \_\_\_\_\_ Name of Stepparent if applicable or involved: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----office use only-----

Parishioner #: \_\_\_\_\_ Transfer Records received: \_\_\_\_\_ Baptism Certificate on File: \_\_\_\_\_

Fee Pd: \_\_\_\_\_ Check # \_\_\_\_\_ Cash: \_\_\_\_\_

Credit: MC / Visa / Discover (circle one) Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit CV Code: \_\_\_\_\_