Only for incoming 1st graders and students NEW to the Program.

We ask that the family be registered in the parish. Call rectory 673 2531 to do so.

Full Name:					M F	
(please no nick names)		Middle	L	ast	(please circle)	
Date of Birth:		City of Birth:			Grade:	
School:	_Cell # (Remind	d notices) Home Phone:				
Family Address: _						
	street		City	,	Zip	
Contact Email: _				(ple	ease print clearly)	
Father's Name:					Religion:	
	first			last		
Mother's Name:	G				Religion:	
	first	maiden		last		
Step-parent/other cu Place of Employme						
Father:			Work Phone:		Cell:	
Mother:			Work Phone: _		Cell:	
Emergency Contac	<u>t</u> : (someone oth	ner than a pare	nt)			
name		phone		relationship		
Sacramental Inform	nation:					
BAPTISM:						
	date		parish		city/t own	
FIRST PENANCE:						
	date		parish		city/town	
FIRST EUCHARIS					oit://	
G017PT-171-77	date		parish		city/town	
CONFIRMATION:	date		parish		city/town	
		(over please)		- · · y - · · · · · ·	

Student's

				custodial arrange	ements, etc.)		
	ion remains con		•	C			
TC 1' 11							
If applicable Person other		l parent who is a	authorized to	pick up your ch	ild?		
			Dalatianahin.				
Name:				Relationship:			
Name:				Relationship:			
G91 19							
Siblings:	name	age		name	age		
	name	age		name	age		
	nume	ugo		nume	uge		
Would you be	e willing to help in	the Program?					
	Aide	Teach	Walker	Typing _	Crafts		
Any comment	ts/suggestions:						
<i>y</i> • •	-si su- 98 -s 2 2 2 2 2 2 2						
Parent Signature:				Date:			

Please return: SFX Religious Ed Center, 53 North St., Marcellus NY 13108