

Only for incoming 1<sup>st</sup> graders and students NEW to the Program.

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

Student's

Full Name: \_\_\_\_\_ M F
(please no nick names) First Middle Last (please circle)

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Cell # (Remind notices) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Address: \_\_\_\_\_
street City Zip

Contact Email: \_\_\_\_\_ (please print clearly)

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_
first last

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_
first maiden last

Child resides with both parents? yes no (please circle) If no, indicate parent & mailing/contact information.

\_\_\_\_\_

Step-parent/other custodial adult: \_\_\_\_\_

Place of Employment:

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: (someone other than a parent)

\_\_\_\_\_
name phone relationship

Sacramental Information:

BAPTISM: \_\_\_\_\_
date parish city/town

FIRST PENANCE: \_\_\_\_\_
date parish city/town

FIRST EUCHARIST: \_\_\_\_\_
date parish city/town

CONFIRMATION: \_\_\_\_\_
date parish city/town

(over please)

