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			
Full Name:(please no nick names) First	Middle	Last	(please circle)			
Date of Birth:						
Grade:School: _	Home Phone	e::				
Family Address:						
stree	t	City	Zip			
Email:		(please print clearly)				
Father's Name:		last	Religion:			
first		last				
Mother's Name:			Religion:			
first	maiden	last				
Step-parent/other custodial	adult:					
Place of Employment: Father:		Work Phone:				
Mother:		_Work Phone:	Cell:			
Emergency Contact: (son	meone other than a parent)				
name	phone	phone relationship				
Sacramental Information	<u>.</u> <u>-</u>					
BAPTISM:						
	date	parish	city/town			
FIRST PENANCE:	date	parish	city/town			
FIRST EUCHARIST:						
andi Loomidoi.	date	parish	city/town			
CONFIRMATION:						
	date	parish	city/town			

(over please)

Student's

	•	allergies; learnin			ements, etc.)		
	tion remains con		<i>G</i> , <i>J</i> .				
If applicable Person other		al parent who is a	authorized to	pick up vour chi	ild?		
Name:				_ Relationship: _			
Name:				Relationship:			
C*1 1*							
Siblings:	name	age		name	age		
	name	age		name	age		
	паше	age		патіс	age		
Would you b	e willing to help ir	the Program?					
	Aide	Teach	Walker	Typing	Crafts		
Any commen	ts/suggestions:						
v	88						
Parent Signature:				Date:			

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