FEES: $50 FOR FIRST CHILD, $45 FOR SECOND CHILD, $40 FOR EACH CHILD AFTER THAT

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

STUDENT INFORMATION: (please print)

Last Name: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth (city and state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: 🞏 F 🞏 M GRADE IN SEPT. 2021 School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION: (please print) **Parish where registered**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER: MOTHER:

Last Name: Last Name:

First Name: First Name:

 Maiden Name:

Religion: Religion:

Home phone: Home phone:

Cell: Text? Y N Cell: Text? Y N

Work: Work:

**Family E-mail Address (please use the address checked most often):**

CONTACT INFORMATION: (please print)

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

With whom does this child reside? 🞏 Both parents 🞏 Mother 🞏 Father 🞏 Shared custody 🞏 Other

If Other, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: (Alternate)

CITY: STATE: ZIP CODE:

Send mail to alternate address too? 🞏 YES 🞏 NO

SACRAMENT INFORMATION: (Please provide a copy of child’s Baptismal Certificate IF NEW STUDENT)

BAPTISM 🞏 YES 🞏 NO

EXACT DATE OF BAPTISM: \_ 🞏Catholic 🞏 Other denomination \_\_\_\_\_\_
CHURCH NAME:
ADDRESS:
CITY: STATE: ZIP CODE:
COUNTRY:
FIRST EUCHARIST 🞏 YES 🞏 NO Exact date of First Eucharist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH NAME:
ADDRESS:
CITY: STATE: ZIP CODE:
COUNTRY:

EMERGENCY INFORMATION:
Does your child have any special needs? 🞏 YES 🞏 NO

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies or medical concerns? 🞏 YES 🞏 NO

If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency during the hours your child is in class, whom should we contact?
NAME: PHONE:

APPROVED ALTERNATE PICK-UP PEOPLE:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St. Mary has my permission to publish my child’s photograph:
🞏 in the bulletin 🞏 on the parish website/Facebook pages 🞏 other parish publications

**X**

**(Parent or legal guardian signature)**

For Office Use Only

Pmt rec’d: $ Date: Check #: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: