

Student Registration Form

Please fill out a copy of this form for each child.

Date: _____

Student's Name: _____

Family Name: _____

Address: _____
Street (Apt) City Zip

Parish: _____

Phone: _____ Date of Birth: _____

City/State of Birth: _____

School: _____ Current Grade: _____

Family Email: _____

Father's Information

Name: _____

Religious Affiliation: _____

Address if different: _____
Street City State Zip

Phone: _____
day eve cell

Father's Email: _____

Mother's Information

Mother's Name: _____
Maiden

Religious Affiliation: _____

Address if different: _____
Street City State Zip

Phone: _____
day eve cell

Mother's Email: _____

Emergency Contact: _____
Name Phone Email Relationship

Other Siblings: _____



Sacramental Information

BAPTISM: _____ Confirmed
Date Parish Street/City/State/Zip

FIRST PENANCE: _____ Confirmed
Date Parish Street/City/State/Zip

FIRST EUCHARIST: _____ Confirmed
Date Parish Street/City/State/Zip

CONFIRMATION: _____ Confirmed
Date Parish Street/City/State/Zip

Other Information

Please list all information that might help us in meeting the needs of your child: allergies, special learning needs, fears, medications, etc.

Concerns: _____

Confidential

Family Registration Form

Date: _____

Family Last Name: _____

Parish: _____

Mailing Address: _____
Street (Apt) City Zip

Phone: _____

Family Email: _____

Father's Information

Name: _____

Religious Affiliation: _____

Address (if different): _____
Street City State Zip

Phone: _____
day eve cell

Father's Email: _____

Mother's Information

Mother's Name: _____
Maiden Name

Religious Affiliation: _____

Address (if different): _____
Street City State Zip

Phone: _____
day eve cell

Mother's Email: _____

Children are living with: Both parents _____ Mother _____ Father _____ Other _____

Emergency Contact: _____
Name Phone Email Relationship



Children in the Family

Child's First Name	Last Name	Gender	Date of Birth	Grade	School	Baptismal Certificate