

Mailing Info:**Name:** _____**Address:** _____**City, State Zip:** _____**Home Phone #:** _____ **Emergency Contacts:** _____**eMail:** _____

For Office Use Only	
Parishioner (Y/N) :	# Students: _____
Registration Fee:	Paid: _____
YM Charge:	Paid: _____

Parent/Guardian Information:

First Name	Middle Name	Last Name	Maiden Name	Date of Birth	Religion
Cell Phone	eMail			Employment Status	
Occupation	Place of Employment			Work Phone	
Sacramental Information:					
	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		
Matrimony	_____	_____	_____		
Employment Status					
<input type="checkbox"/> Employed					
<input type="checkbox"/> Unemployed					
<input type="checkbox"/> Retired					
<input type="checkbox"/> Student					
Marital Status					
<input type="checkbox"/> Married					
<input type="checkbox"/> Single					
<input type="checkbox"/> Widowed					
<input type="checkbox"/> Divorced					
<input type="checkbox"/> Separated					

First Name	Middle Name	Last Name	Maiden Name	Date of Birth	Religion
Cell Phone	eMail			Employment Status	
Occupation	Place of Employment			Work Phone	
Sacramental Information:					
	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		
Matrimony	_____	_____	_____		
Employment Status					
<input type="checkbox"/> Employed					
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<input type="checkbox"/> Retired					
<input type="checkbox"/> Student					
Marital Status					
<input type="checkbox"/> Married					
<input type="checkbox"/> Single					
<input type="checkbox"/> Widowed					
<input type="checkbox"/> Divorced					
<input type="checkbox"/> Separated					

Please fill in the information above,
and on the back, sign and date.

***Note - all information is for next school year.**

signature

date

Student Information:

First Name	Middle Name	Last Name	Sex	Date of Birth	Religion
School: _____			Grade: _____		
eMail: _____			Cell Phone: _____		
Sacramental Information:	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		

Religious Ed Information
Rel Ed Grade: _____
Bus Y/N: _____
**Special needs,
circumstances etc.:**

First Name	Middle Name	Last Name	Sex	Date of Birth	Religion
School: _____			Grade: _____		
eMail: _____			Cell Phone: _____		
Sacramental Information:	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		

Religious Ed Information
Rel Ed Grade: _____
Bus Y/N: _____
**Special needs,
circumstances etc.:**

First Name	Middle Name	Last Name	Sex	Date of Birth	Religion
School: _____			Grade: _____		
eMail: _____			Cell Phone: _____		
Sacramental Information:	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		

Religious Ed Information
Rel Ed Grade: _____
Bus Y/N: _____
**Special needs,
circumstances etc.:**

First Name	Middle Name	Last Name	Sex	Date of Birth	Religion
School: _____			Grade: _____		
eMail: _____			Cell Phone: _____		
Sacramental Information:	Received Y/N	Date	Church, City, State		
Baptism	_____	_____	_____		
First Penance	_____	_____	_____		
First Communion	_____	_____	_____		
Confirmation	_____	_____	_____		

Religious Ed Information
Rel Ed Grade: _____
Bus Y/N: _____
**Special needs,
circumstances etc.:**

