

St. Mary of the Assumption Parish School of Religion
 2017-18 New Student Registration Form
*****Return to the Parish Office by August 11, 2017.*****

*****Complete a form for EACH STUDENT enrolled in St. Mary's PSR Program.*****

*****New Students MUST provide a copy of their Baptismal Certificate.**

If Baptized at St. Mary's, certificate is not necessary. ***

Sessions:

Elementary [Grades 1-5] – Saturdays * 9:00am-10:30am at St. Mary's School

Middle School [Grades 6-8] – Thursdays * 7:00pm-8:00pm at St. Mary's School

Student's Name: _____
Last First

Birthdate: _____ Birthplace: _____ Sex: M F
Month/Day/Year City/State

Address: _____
Street City Zip Code

Phone: (Home) _____ Mother Cell: _____ Father Cell: _____

Father's Name: _____
Last Name First Name

Father's Email: _____

Mother's Name: _____
Last Name Maiden Name First Name

Mother's Email: _____

Child Lives With: _____

Religion of Mother: _____ Religion of Father: _____

Home Parish: St. Mary of the Assumption Other: _____

Emergency Contact: _____

Phone: _____ Relation to child _____
Someone other than parents.

Sacrament	Date	Church	City, State [of Church]
Baptism			
First Reconciliation			
First Communion			
Confirmation			

Public School: _____ Grade: _____

Place of Previous Religious Education: _____ Years of Religious Ed: ____

Is there any pertinent information that we should know that will help your child in the classroom? _____

Does this child have allergies? ___Yes ___No Please Describe: _____

Does this child take any prescribed medications on a regular basis? ___Yes ___No

Please List Medications: _____