

**St. Benedict/St. Joseph University/Sacred Heart of Jesus/St. Ann
Middle School Religious Education
Registration Information 2008-9**

FAMILY NAME: _____ PHONE: _____

FULL ADDRESS: _____

MOTHER'S NAME: _____ MAIDEN NM: _____ RELIGION: _____

Mother's Email: _____ Cel Phone: _____

FATHER'S NAME: _____ RELIGION: _____

Father's Email: _____ Cel Phone: _____

Check here if parents are divorced: Custodial parent: _____ May noncustodial parent receive reports on child?

PARISH REGISTRATION: St. Benedict St. Joseph Sacred Heart St. Ann Other (list)

CHILD'S NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____ Place of Birth: _____

SACRAMENTAL INFORMATION (Please indicate to the best of your ability the date and place each sacrament was received.)

BAPTISM: _____ 1st COMMUNION: _____

1st RECONCILIATION: _____ CONFIRMATION: _____

Additional Information (Please include anything we need to know about your child such as allergies, special needs.)

Child's Email address: _____

Room for additional children on back.

EMERGENCY MEDICAL RELEASE:

In the event of an emergency where medical treatment is required I give my permission to the church staff to administer emergency first aid and/or obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Person to notify if unable to contact parent (include phone number):

Signed: _____

Date: _____

Registration Fees: \$30/child (up to three, fourth & more are free!) Multi-child fees apply to students in morning and middle school classes.

OFFICE USE ONLY: Fees paid _____ Date _____ Cash Check