

INSTRUCTIONS:

Complete this on-line form, print completed form, sign where indicated.
Mail the completed form to the address on the last page.

Family Info

Mail to (Full Family Name)

Name	<input type="text"/>			Home Phone	<input type="text"/>
Street	<input type="text"/>	Apt #	<input type="text"/>	Other Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Email	<input type="text"/>				

Adult Male (father):

	last	first	middle
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>		
Place of Work	<input type="text"/>		
Work Phone	<input type="text"/>		

Adult Female (mother):

	last	first	middle
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>		
Place of Work	<input type="text"/>		
Work Phone	<input type="text"/>		

Children Info

	Last	First	Middle	M	F	Grade	School Attending
1st	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
2nd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
3rd	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
4th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
5th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
6th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

*Do any of the children have any medical conditions or special considerations? Yes No

(If Yes, please use the comments field at the end of this form to explain the medical condition or special considerations needed for your child(ren))

Children Live with: Both Parents Mother Father Legal Guardian Other

MEDICAL CONDITION: (please be detailed as possible)

Attach additional pages as needed.

SPECIAL NEEDS: (please be detailed as possible)

Please print this form and send to:

Sacred Heart/Saint Mary Church
Parish Office – Attn. Family Registration
201 Main Street
New York Mills, NY 13417

Office Use Only:

Date Recvd _____