

**INSTRUCTIONS:**

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

**STUDENT INFO**

Name	last	first	middle	Grade	School

Mail to (Full Family Name)

Name			Home Phone	
Street		Apt #	Other Phone	
City		State	Zip Code	
Date of Birth		Place of Birth		<input type="radio"/> Male <input type="radio"/> Female
Email				

\*Does the student 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)

Has the student attended religious education in the past?  Yes  No If Yes, Where? \_\_\_\_\_

What Parish do you belong to? \_\_\_\_\_ Are you registered?  Yes  No

If you are new to our Parish, please complete the following for your child:

	Church	City	Date
Baptism			
Penance			
Eucharist			
Confirmation			

**Please continue to next page.**

**PARENT INFORMATION**

**Father:**

Name	last	first	middle
Religion			
Place of Work			
Work Phone			

**Mother:**

Name	last	first	middle
Religion			
Place of Work			
Work Phone			

**Legal Guardian Information (if applicable):**

Name	last	first	middle
Religion			
Place of Work			
Work Phone			

**Step Parent Information (if applicable):**

Name	last	first	middle
Religion			
Place of Work			
Work Phone			

Child Lives with:  Both Parents  Mother  Father  Legal Guardian  Other

In case of Emergency and the parent or guardian cannot be reached, please list another adult that we should contact:

Name	last	first	middle
Phone			

Relationship to student (grandparent, neighbor, friend, aunt, uncle, etc)

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**Please continue to next page.**

MEDICAL CONDITION: (please be detailed as possible)

Attach additional pages as needed.

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SPECIAL NEEDS: (please be detailed as possible)

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How often will you be available to assist in your child's class?

Regularly  Frequently  Occasionally  Seldom

With Training, I would like to consider serving as the Catechist (teacher), Aide, or Volunteer. Please call me to discuss the possibilities.

The best time to call me is:

Best number to call:

Please print this form and send to:

Sacred Heart/Saint Mary Church  
Parish Office – Attn. Director of Religious Ed  
201 Main Street  
New York Mills, NY 13417

Office Use Only:

Date Recvd \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Amount Paid: \_\_\_\_\_