



# CATHEDRAL OF SAINT MARY OF THE ASSUMPTION

## OFFICE OF RELIGIOUS EDUCATION

### STUDENT REGISTRATION FORM

*Please print or type all information below.*

**New Registration**

**Re-Registration**

**Name:** \_\_\_\_\_  
Last
First
Middle

**Address:** \_\_\_\_\_  
Street
City
State
Zip

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Grade:** \_\_\_\_\_  
Month
Day
Year

**Home Phone:** (      ) \_\_\_\_\_ **Cell Phone:** (      ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Provide the parish or school attend last year for Religious Education below.**

**Name:** \_\_\_\_\_ **City / State:** \_\_\_\_\_

**SACRAMENTAL RECORD:**

Sacrament	Date	Church	Location
<b>Baptism:</b>	/      /		
<b>First Reconciliation:</b>	/      /		
<b>First Eucharist:</b>	/      /		
<b>Confirmation:</b>	/      /		

**FAMILY INFORMATION:**

**Mother's Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Work Phone:** (      ) \_\_\_\_\_ **Cell Phone:** (      ) \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Deceased:**  Yes       No

**Father's Name:** \_\_\_\_\_

**Work Phone:** (      ) \_\_\_\_\_ **Cell Phone:** (      ) \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Deceased:**  Yes       No

**LEGAL GUARDIAN INFORMATION: (if applicable)**

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street
City
State
Zip

**Work Phone:** (      ) \_\_\_\_\_ **Cell Phone:** (      ) \_\_\_\_\_



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#### HEALTH INFORMATION:

Does your child have learning needs?  Yes  No

Learning Disability – Classification: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

If your child has any medical conditions please explain:

Are there any other special instructions? (i.e. dismissal, transportation, etc.)

Are there any custodial issues? If yes, please explain:  Yes  No

Kindergarten:  Kinder (Age 6)

First Communion Preparation:  1<sup>st</sup> Year (Age 7)  2<sup>nd</sup> Year (Age 8)

Classes after First Communion:

3<sup>rd</sup> Grade (Age 9)  4<sup>th</sup> Grade (Age 10)  5<sup>th</sup> Grade (Age 11)

Confirmation Preparation:

Pre-Confirmation (Age 12)  1<sup>st</sup> Year (Age 13)  2<sup>nd</sup> Year (Age 14)

*(Catch-up class required if student has not been in the intermediate levels.)*

#### PROMOTIONAL RELEASE:

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR USE BY THE OFFICE OF RELIGIOUS EDUCATION ONLY

#### PARISH OF REGISTRATION:

Parish Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Type of Payment Received:  Cash  Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_ . \_\_\_\_

Assigned to Class: \_\_\_\_\_ Catechist: \_\_\_\_\_

Registration Logged:  Yes  No Staff's Initials: \_\_\_\_\_

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Taken By: \_\_\_\_\_