



# CATHEDRAL OF SAINT MARY OF THE ASSUMPTION

## OFFICE OF RELIGIOUS EDUCATION

### YOUTH BIBLE STUDY 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:** \_\_\_\_\_

**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:** (    ) \_\_\_\_\_

**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:**



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#### HEALTH INFORMATION:

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

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

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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#### 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: \_\_\_\_\_