

Student Name:

Formation ID #:

Family Name:

Street Address:

Family ID #:

Date Registered:

Parish: _____

Student Phone(s):

Family Phone(s):

To whom should mail be addressed: _____

Gender: _____

Birthdate: _____

Allergies/Meds: _____

Grade in Sept 2009: _____

School: _____

In Case of Emergency Contact: Name: _____ Phone: _____ Relationship _____

If student is not living with one or both parents:

Name of Guardian: _____ Address: _____

Relationship: _____ Phone: _____

Parent/Guardian Information:

Name: x

Phone(s):

Relationship:

Marital Status:

Religion:

Email:

Name: x

Phone(s):

Relationship:

Marital Status:

Religion:

Email:

Sacrament Information:

Baptism:

Status: _____

Date: _____

Location : _____

First Communion:

Status: _____

Date: _____

Location : _____

Confirmation:

Status: _____

Date: _____

Location : _____

Reconciliation:

Status: _____

Date: _____

Location : _____

I would like to volunteer as: Catechist Aide Substitute Other _____

I give permission for photographs to be taken of my son/daughter during events at St. Mary's. Photos will be used for bulletin board, parish website or Catholic newspaper only.

.. (Check Here)

Parent Signature: _____

Date: _____

Registration Fee: 2009 - 2010, \$25 per child(payable to St. Mary's Church), not to exceed \$75 per family

Amount Received: _____ Payment Received by: _____

Please return to: Maria Polidore, St. Mary's Church, 62 Warren St., Glens Falls, NY 12801