

Saint Elizabeth Ann Seton Office of Religious Education

FIRST YEAR REGISTRATION 2010/2011

Today's date _____ First Year of Religious Education for child

Child's Name _____ Male _____ Female _____
Last First

Date of birth _____ Was this child Baptized in a Catholic Church? Yes _____ No _____

Date of Baptism _____
Church name and address _____ zip code _____

Family Name _____ Husband _____ Wife _____

Mailing Address _____
Street Town State Zip Code

Email address (for program announcements/changes) _____

Person to whom all correspondence should be addressed _____
(Relationship to child)

Home Phone # _____ ** Cell _____

**** This number should be a number to call should an emergency occur during class.**

Family History

(Biological) Father's name _____ Mother's maiden name _____

Father's occupation _____ Religion _____ Work Phone # _____

Mother's occupation _____ Religion _____ Work Phone # _____

As of this September, what grade will the child be in public school? _____

Which public school will child attend? _____

What day is your 1st choice for class? _____ 2nd choice _____

If needed are you able to be a substitute for this child's class? Yes _____ or No _____

*******PLEASE COMPLETE OTHER SIDE*******

For Office Use Only:

Day: Sun, Mon, Wed, Wed Eve, Thurs, Thurs Eve, Sat Level _____ Room _____

Credit/Cash/Check No.: _____ Amount: _____ Check Date: _____

Sibling(s) in Program

Level

Special Education Needs

Indicate any special education needs this child has that the office should be made aware and how best to accommodate these needs.

(Print name)

(Signature)

(Date)