

Saint Elizabeth Ann Seton Office of Religious Education

FIRST YEAR REGISTRATION 2016/2017

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

Child's Name _____ Male _____ Female _____
Last First Middle

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

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

Place of Birth _____

Family Name _____ Husband _____ Wife _____

Full 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.**

Are you Parishioners of St. Elizabeth Ann Seton? Y / N If not what Parish _____

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 _____

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.

X _____
(Print name) (Signature) (Date)

For Office Use Only:

Day: Sun, Mon, Wed, Wed Eve, Thurs, Sat

Level _____ Room _____

Credit/Cash/Check No.: _____ Amount: \$ _____ Check Date: _____ Bal: \$ _____