

# Saint Elizabeth Ann Seton Office of Religious Education

## FIRST YEAR REGISTRATION 2018/2019

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 \_\_\_\_\_  
(Baptismal Record MUST be provided at time of registration)

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 1<sup>st</sup> 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: \$ \_\_\_\_\_