

#1
Child's First Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in Sept.: _____ Sex: _____
Health Problems/Learning Disabilities: _____
Date of Birth: _____ **Place of Birth:** _____

_____ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

Religious Education Class: Day preferred: _____ **Grade:** _____

#2
Child's First Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in Sept.: _____ Sex: _____
Health Problems/Learning Disabilities: _____
Date of Birth: _____ **Place of Birth:** _____

_____ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

Religious Education Class: Day preferred: _____ **Grade:** _____

#3
Child's First Name: _____ Middle Name: _____ Last Name: _____
School Attending: _____ Grade in Sept.: _____ Sex: _____
Health Problems/Learning Disabilities: _____
Date of Birth: _____ **Place of Birth:** _____

_____ **MUST SUPPLY A COPY OF BAPTISMAL CERTIFICATE – Registration will not be accepted without.**

Religious Education Class: Day preferred: _____ **Grade:** _____