

St. Mary's Parish Religious Education Registration Form 2010-2011 for Grades Pre-K to 5 and Special Education

~Sunday Morning from 9-10:10am at St. Mary's~

Family Name _____ Date _____ Registered Parishioner: Yes No

Home Phone _____ Mom Cell _____ Dad Cell _____

Address _____ City _____ Zip Code _____

E-mail address: _____
(Kept Confidential/Used for Important Information)

List First & Last Name of each child registering for Sunday School.	M/F	Date Of Birth	Grade in Fall of '10	School Name	Please put a √ next to Sacraments Received			
					Bapt	Confession	Eucharist	Confirmation

Total family members attending program in grades Pre-k to 12, Initiation and Special Education. _____

If new to our program, the name and location of the previous program in which you were enrolled, if any:

Child/Children live with:

Both Parents Mother Father Step-Parent Guardian Other-Name _____

Who is responsible for helping the child/children participate in Sunday School? Name(s) _____

	Name	Relationship to Students	Religion	Occupation	Work Phone
Mother/Guardian					
Father/Guardian					

To better meet your child's needs, please call the office (410-990-4225) or note any special circumstances below to be considered when placing your child in a class (i.e., medical needs, special accessibility needs, taking important medication, any type of allergy, custody arrangements, difficulty with vision or hearing, diagnosed with ADD or ADHD or other special learning or emotional needs, etc.) **Confidentiality Respected.**

Emergency Information

During class, where Parent(s)/Guardian(s) can be located: Parent Reading Room A10 of the High School Home

Marian Hall for Adult Faith Enrichment Alternate Phone # _____

Do we have permission to seek emergency medical care for your child if needed? Yes No

Parent/Guardian Signature _____ Date: _____