

**Church of St. Christopher-St. Margaret Mary**  
**Religious Education Program**  
**Student Registration Form**  
**2018-2019**

Date \_\_\_\_\_

Please Print Clearly  
**Student Information**

Student' Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Grade in Public School in Sept. \_\_\_\_\_ School Attending in September \_\_\_\_\_

Medical Problem/Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state nature of problem \_\_\_\_\_

**Family Information**

Father's /Guardian's Name \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_

(Include Maiden Name)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name

Phone Number

E-MAIL ADDRESS: \_\_\_\_\_

**Sacrament Information (PLEASE SUBMIT A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE AND, IF APPLICABLE, 1<sup>ST</sup> EUCHARIST CERTIFICATE)**

Baptism Date \_\_\_\_\_ Church & Address \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church & Address \_\_\_\_\_

First Penance Date \_\_\_\_\_ Church & Address \_\_\_\_\_

Confirmation Date \_\_\_\_\_ Church & Address \_\_\_\_\_

**Previous Religious Instruction**

Church/Parish \_\_\_\_\_ Years: \_\_\_\_\_

**\$ 175 = 1 child,**

**\$ 225 = 2 children**

**\$ 275 = 3 /more children**

Amount paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_

Anyone needing to set up a payment schedule please see Mrs. Regan

Parent/Guardian Signature: \_\_\_\_\_