ST. MARY MOTHER OF THE CHURCH
2009-2010 First Communion Registration Form

(Family Information)

FATHER'S NAME ___________________________ Phone: (work)_________ (cell) ____________

MOTHER'S NAME __________________________ Phone: (work)_________ (cell) ____________

HOME ADDRESS ____ (zip code) _________________

Phone: (home) _______________________________

HOME EMAIL ADDRESS ________________________________ (Please print)

Emergency Contact Person: ______________________________ Relationship _________________

Phone: (home) __________________ (work) _______________ (cell) _____________

ARE YOU A CENSUSED ST. MARY PARISHIONER? ___ yes ___ no

If not, to which parish do you belong? ____

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Registration fee: (This will be determined at a time later in the year)

Received by: _________________Amount: _______Check #: ___________Cash: _________Date _________________

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(Student Enrollment Record)

CHILD'S NAME: ____
(first) (middle) (last)

DATE OF BIRTH: ________________

Gender: (check one) ___ male ___ female

School Grade: 2009-2010 ____________

Name of student's 2009-2010 School: ____

Please attach a copy of your child's Baptismal Certificate. <u>Registration will not be accepted or considered complete until a copy of your child's Baptismal Certificate is attached to this form. This includes those who were baptized at St. Mary.</u>