

# Church of St. Rosalie Religious Formation Registration

DATE: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Registered in Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Envelope Number: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Parents are : \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

## Mother's Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Father's Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Birth Parent Information: *(if different from above)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Contact with Child(ren): \_\_\_ Yes \_\_\_\_\_ No

## EMERGENCY CONTACT INFORMATION

*(PLEASE LIST THE NAME AND PHONE NUMBER OF AN ADDITIONAL EMERGENCY CONTACT)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

BAPTISMAL CERTIFICATE(S) ON FILE: \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_ Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

ENTERED IN COMPUTER: \_\_\_\_\_ BY: \_\_\_\_\_

**CHILD NUMBER ONE:**

**SECTION A– Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Concerns/Allergies/Special Needs:** \_\_\_\_\_

Child Resides with: Parents \_\_\_\_\_ Birth Parent \_\_\_\_\_  
New Registration? \_\_\_\_\_ NO (Skip to Section C) \_\_\_\_\_ YES (Please fill out Sections B & C)

**SECTION B - Religious Information**

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
Date of Communion: \_\_\_\_\_ Church of Communion: \_\_\_\_\_  
Date of Reconciliation: \_\_\_\_\_ Church of Reconciliation: \_\_\_\_\_

**SECTION C - Religious Formation Session Request**

Grade Level in 2009 - 2010: \_\_\_\_\_ Session Day Requested 1<sup>st</sup> Choice) \_\_\_\_\_  
2<sup>nd</sup> Choice) \_\_\_\_\_

**CHILD NUMBER TWO:**

**SECTION A– Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Concerns/Allergies/Special Needs:** \_\_\_\_\_

Child Resides with: Parents \_\_\_\_\_ Birth Parent \_\_\_\_\_  
New Registration? \_\_\_\_\_ NO (Skip to Section C) \_\_\_\_\_ YES (Please fill out Sections B & C)

**SECTION B - Religious Information**

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_  
Date of Communion: \_\_\_\_\_ Church of Communion: \_\_\_\_\_  
Date of Reconciliation: \_\_\_\_\_ Church of Reconciliation: \_\_\_\_\_

**SECTION C - Religious Formation Session Request**

Grade Level in 2009 - 2010: \_\_\_\_\_ Session Day Requested 1<sup>st</sup> Choice) \_\_\_\_\_  
2<sup>nd</sup> Choice) \_\_\_\_\_

**Family Name:** \_\_\_\_\_

**CHILD NUMBER THREE:**

**SECTION A– Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Concerns/Allergies/Special Needs:** \_\_\_\_\_

Child Resides with: Parents \_\_\_\_\_ Birth Parent \_\_\_\_\_

New Registration? \_\_\_\_\_ NO (Skip to Section C) \_\_\_\_\_ YES (Please fill out Sections B & C)

**SECTION B - Religious Information**

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Date of Communion: \_\_\_\_\_ Church of Communion: \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Church of Reconciliation: \_\_\_\_\_

**SECTION C - Religious Formation Session Request**

Grade Level in 2009 - 2010: \_\_\_\_\_ Session Day Requested 1<sup>st</sup> Choice) \_\_\_\_\_

2<sup>nd</sup> Choice) \_\_\_\_\_

**CHILD NUMBER FOUR:**

**SECTION A– Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical Concerns/Allergies/Special Needs:** \_\_\_\_\_

Child Resides with: Parents \_\_\_\_\_ Birth Parent \_\_\_\_\_

New Registration? \_\_\_\_\_ NO (Skip to Section C) \_\_\_\_\_ YES (Please fill out Sections B & C)

**SECTION B - Religious Information**

Date of Baptism: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Date of Communion: \_\_\_\_\_ Church of Communion: \_\_\_\_\_

Date of Reconciliation: \_\_\_\_\_ Church of Reconciliation: \_\_\_\_\_

**SECTION C - Religious Formation Session Request**

Grade Level in 2009 - 2010: \_\_\_\_\_ Session Day Requested 1<sup>st</sup> Choice) \_\_\_\_\_

2<sup>nd</sup> Choice) \_\_\_\_\_