

CHILD'S NAME \_\_\_\_\_ REGISTRATION DATE \_\_\_\_\_

LAST FIRST MIDDLE

SEX: \_\_\_\_\_ // \_\_\_\_\_

M F PLACE OF BIRTH DATE OF BIRTH CELL # HOME #

E-MAIL ADDRESS

MAILING ADDRESS (Street Number, City, State, Zip Code)

SCHOOL: \_\_\_\_\_ CIRCLE GRADE: K 1 2 3 4 5 6 7 8 9

FATHER'S NAME

MOTHER'S FIRST & MAIDEN NAME

FATHER'S RELIGION: CATHOLIC \_\_\_ OTHER \_\_\_\_\_ MOTHER'S RELIGION: CATHOLIC \_\_\_ OTHER \_\_\_\_\_

PLEASE CHECK HERE IF YOUR CHILD HAS ANY SPECIAL NEEDS/ALLERGIES \_\_\_\_\_. Explain on reverse side of card.

EMERGENCY CONTACT: \_\_\_\_\_

NAME

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CELL #

HOME #

WORK #

SACRAMENTS RECEIVED [CHURCH NAME & ADDRESS (Street, City, State and Zip Code)] DATE

BAPTISM \_\_\_\_\_

PENANCE \_\_\_\_\_

HOLY EUCHARIST \_\_\_\_\_

CONFIRMATION \_\_\_\_\_

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