



# St. Michael's Religious Education Program-Registration Form

Please fill out the below information

Student Last Name

Student First Name

Student Middle Name

Nick Name /Other

Gender

Health Issues: Include learning disabilities, special needs and any special requests:

The address is where all correspondence will be sent

Address Title\*

\*Please list how you want your US mail addressed - eg Mrs J Smith or John Mary Smith, et.

Street Address

City

State

Zip

Phone Contact Information

Name

Phone

Home Phone

Emergency



Contact (1)

2nd Phone or Cell

Emergency



Contact (2)

Parental Information

Mother's Maiden Name

Mother's Name (First/Last)

Address if Different

Religion




Father's Name (First/Last)

Address if Different

Religion




Other Information

Student Birthdate

Birth City and State



Grade School Name

School Grade on entering:

Baptismal Date

Batismal Church



Children new to the program: attach copy of baptismal certificate unless baptized at St. Michael, Netcong.

If child received First Reconciliation and First Communion, please attach a copy of those records.