

# St. Bonaventure Religious Formation Program

174 Ramsey Street – Paterson, NJ 07501 - 973-279-1016

## Religious Education Registration Form – for new registrations only

Please check the appropriate box,

I am registering my child for the following program(s):

Kindergarten

Grade One to Grade Eight Religious Education  
Specify grade in September 2018-19 \_\_\_\_\_

Confirmation (a two year process begun in high school)

Grade 9

Grade 10

Has your child been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please completed the required information below and provide a copy of the Baptismal Certificate).

Does your child require First Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Last name First Name Middle Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City) \_\_\_\_\_ (State) \_\_\_\_\_

School Attending \_\_\_\_\_ City \_\_\_\_\_

**\*\*Mailing Address\*\***

*If different from above:* \_\_\_\_\_

**\*\*Parent Information\*\***

Father's Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City) \_\_\_\_\_ (State) \_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church of Baptism \_\_\_\_\_ City/State \_\_\_\_\_

Did you receive First Communion? \_\_\_\_\_ Did you receive Confirmation? \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City) \_\_\_\_\_ (State) \_\_\_\_\_

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church of Baptism \_\_\_\_\_ City/State \_\_\_\_\_

Did you receive First Communion? \_\_\_\_\_ Did you receive Confirmation? \_\_\_\_\_

