

SAINT JOHN BOSCO CATHOLIC CHURCH

2114 Oakmere Dr.

Harvey, LA 70058

PREP REGISTRATION

PLEASE FILL ONE PER STUDENT

STUDENT'S NAME:

LAST: _____ FIRST: _____

STUDENT'S DATE OF BIRTH: ____/____/____

PREVIOUS RELIGION INSTRUCTIONS: YES ___ NO ___ GRADE ATTENDING: ____

CHURCH PARISH OF PREVIOUS CLASSES _____

SACRAMENTS STUDENT HAS RECEIVED:

BAPTISM: YES ___ NO ___ CHURCH BAPTIZED: _____

FIRST RECONCILIATION: YES ___ NO ___

CHURCH OR SCHOOL RECEIVED FIRST RECONCILIATION: _____

FIRST HOLY COMMUNION: YES ___ NO ___

CHURCH RECEIVED FIRST HOLY COMMUNION: _____

ANY MEDICAL CONDITIONS AND OR ALLERGIES: _____

EMERGENCY CONTACT: _____

EMERGENCY CELL PHONE: _____

PARENT'S INFORMATION THAT REGISTERED STUDENT:

NAME: LAST: _____ FIRST: _____

ADDRESS: _____

** EMAIL: _____ CELL PHONE _____

**** THIS IS OUR MODE OF WRITTEN COMMUNICATION****

REGISTERED PARISHIONER OF ST. JOHN BOSCO CHURCH: YES ___ NO ___

IF NO PLEASE REGISTER WITH THE PARISH OFFICE