

St. Mary of the Assumption Catholic Church

Registration for Religious Education

Family Name _____

Address _____

E-Mail Address _____

Cell-Phone: Father _____ Mother _____

Father's Name _____ Religion _____ Home ph# _____

Work ph# _____

Mother's MAIDEN Name _____

Religion _____ Home ph# _____ Work ph# _____

Child's Name _____

Grade in School _____ Date of Birth _____

Baptism yes or no. If Yes When and Where _____

1st Communion _____ Confirmation _____

Parent Signature _____ Date _____

Registration Fee for Kinder, 1, 3-8 grades \$35.00

2nd Grade for First Reconciliation and First Communion Books plus Regular Book

Is \$50.00

Confirmation Fee is \$90.00

All are to furnish copy of Baptism Certificate

Please note any medical conditions we need to know about your child

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Candidate's Full Name: _____
 First Middle Last

Confirmation Name: _____

Candidate's Age: _____ (At the time of Confirmation)

Place and Date of Baptism: _____
 Name of Church

 Address of Church

 City or Town, State AND Zip Code

Date of Baptism: _____
 Date/Month/Year

Candidate's CURRENT Address: _____

Parents of Candidate: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Candidate's Sponsor: _____
 Full Name of Sponsor

PLEASE ATTACH A COPY (not the original) OF THE CANDIDATE'S BAPTISMAL CERTIFICATE TO THIS FORM.

These copies WILL NOT be returned, but kept in the candidate's file.

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Medical Consent Form

Family Name _____

Child's Name _____

In the event of an emergency, I hereby give permission to the staff of St. Mary's Religious Education department to seek emergency medical transport and/or treatment for my child named on this form. I will be responsible for all costs incurred. I wish to be advised before further care is given by hospital or doctor. If I cannot be reached, contact _____,

Relationship to child _____, phone number _____

Family Doctor _____, phone number _____

Preferred Hospital _____, phone number _____

Address & City _____

Insurance Name _____ Group # _____

Insurance Phone _____ Check here if not insured ()

Allergies _____ Current Medication _____

Any known medical conditions we should be aware of _____

In case of emergency, call: _____ phone number _____

Or call _____ phone number _____

Signed _____ Date _____

Parent or Legal Guardian