# *St Mary, Mother of the Church*

100 Jackson St, PO Box 780, Fishkill, NY 12524
(845) 896-6430

Session:
Family Centered: ___
Weekl : ____
Day: _____
Time: _____

## MASTER RELIGIOUS EDUCATION REGISTRATION FORM
## 2019-20

The School of Religion is open to the children of all parishioners who are registered, involved, and weekly contributing members of the worshipping community of St Mary's Parish.

STUDENT INFORMATION: *PLEASE PRINT AND PROVIDE ALL THE INFORMATION REQUESTED*

Student Name: _____
First Middle Last

Mailing Address: _____
Street City Zip

Primary Phone: _____ Sex: _____ Date of Birth: _____ City of Birth: _____

**Family Email Address**: _____ **Grade Registering for: _____**

****Email communication is our most frequent method of communication- please print CLEARLY**

SACRAMENTAL INFORMATION: ***Copy of Baptismal Certificate MUST be on file with us.**

BAPTISM: Date: _____/_____/_____ Church: _____
Town/State

RECONCILIATION Date _____/_____/_____ Church: _____
COMMUNION: Date: _____/____/_____ Church: _____

**EDUCATION INFORMATION:**

Name of Public School Attending: _____ District: _____
Special Needs/ Learning Disability: _____
Medications: _____ Allergies: _____
Comments: _____

**If transferring from another Religious Ed Program:**

Religious Education Program Attended: _____ Address: _____
School/ Parish

**Last Religious Ed Grade Level Completed**: _____

FAMILY INFORMATION: Birth Father's Full Name: _____
Address (if different): _____
Phone: (Home): _____ (cell) _____
Religion: _____
Marital Status: _____ Married to Child's Birth Parent _____Widower
_____Separated _____Divorced / Single _____Divorced / Remarried

Birth Mother's Full Name: _____
**Birth Mother's Maiden Name**: _____
Address (if different): _____
Phone: (Home): _____ (cell) _____
Religion: _____
Marital Status: _____Married to Child's Birth Parent ___Widower
_____Separated _____Divorced / Single _____Divorced / Remarried

Do both parents have legal access? Yes/No (circle one) Restrictions: (specify) _____
Child resides with: _____ Name of Stepparent if applicable or involved: _____

**Parent Signature: _____ Date: _____**

**----------office use only----------**

**Parishioner #: _____ Transfer Records received: _____ Baptism Certificate on File: _____**
**Fee Pd: _____ Check # _____ Cash: _____**
**Credit: MC / Visa / Discover (circle one) Name on Card: _____**
**Card # _____ Exp. Date: _____ 3 Digit CV Code: _____**