

PARENT / GUARDIAN INFORMATION

-----PLEASE PRINT-----

FATHER'S INFORMATION

Last name First name Middle

Home Address Apt # City State Zip

Home phone Cell Phone (Texts allowed? YES NO) Other phone

Email address (IMPORTANT: We use email to communicate with parents on weekly basis re: events, closures, etc.)

Father's language(s) spoken / written:

Father's Religion: Please check one
Roman Catholic Non-Catholic Christian No religious affiliation Other:

Has father been VIRTUS Trained? Yes No (This is required by the Diocese for volunteers who work with children.)

MOTHER'S INFORMATION

Last name First name Middle

Home Address Apt # City State Zip

Home phone Cell Phone (Texts allowed? YES NO) Other phone

Email address (IMPORTANT: We use email to communicate with parents on weekly basis re: events, closures, etc.)

Mother's language(s) spoken / written:

Mother's Religion: Please check one
Roman Catholic Non-Catholic Christian No religious affiliation Other:

Has mother been VIRTUS Trained? Yes No (This is required by the Diocese for volunteers who work with children.)

Please list those who are authorized to pick up your child/children in the event that you are unable to do so:

Please list those NOT authorized to pick up your child/children:

STUDENT INFORMATION

GRADE LEVEL REQUESTED: Student

- Kindergarten (5 yrs)
 3rd Grade

- First Grade
 4th Grade
 5th Grade

- COMMUNION (2nd)**
 CONFIRMATION (6th +)

Last name First Middle

Date of Birth (MM/DD/YYYY) Place of birth (City/State) Gender (Male / Female)

Current School City / State Grade Level

Student's language(s) spoken / written: _____

Does this child reside with parents at address listed on page 1? If NO, please list address and guardian of child.

YES NO _____

MEDICAL INFO

Does this student have **any allergies** (food allergies included)? If YES, please explain.

YES NO _____

Does this student have any **educational, physical, emotional, or medical limitations** that may require accommodations? If YES, please explain.

YES NO _____

Did this student participate in religious education classes last year (2018 – 2019)? If YES, please indicate where.

YES NO _____

SACRAMENTAL INFORMATION - IMPORTANT - PLEASE COMPLETE – BRING A COPY OF CERTIFICATES

| Sacraments of Initiation | Date of Sacrament | Church where sacrament received | Church Address (Street, City, State, Zip) | Copy of certificate included |
|--------------------------|-------------------|---------------------------------|---|------------------------------|
| Baptism | | | | ____ Yes ____ No |
| First Eucharist | | | | ____ Yes ____ No |
| Confirmation | | | | ____ Yes ____ No |

Any other information that we need to know?

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3rd Grade

4th Grade

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5th Grade

COMMUNION (2nd)

CONFIRMATION (6th +)

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First

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Place of birth (City/State)

Gender (Male / Female)

Current School

City / State

Grade Level

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