



2017-2018
REGISTRATION FORM B
(for students
NOT enrolled last year)

Please complete ***ONE FORM FOR EACH STUDENT:***

{ PLEASE PRINT CLEARLY }

STUDENT'S LAST NAME	FIRST NAME	MIDDLE		MALE <input type="checkbox"/>
				FEMALE <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
DATE OF BIRTH	SCHOOL ATTENDING AT PRESENT		GRADE	
HOME PHONE	FAMILY EMAIL ADDRESS			

Please check here if there any medical needs or learning needs that the teacher should be aware of :

Last year did the student attend a Catholic School or a Religious Education Classes at another Catholic Church?

Yes No If yes: _____

NAME OF SCHOOL/CHURCH	CITY	STATE
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FAMILY RECORD:

FATHER'S LAST NAME	FIRST NAME	MIDDLE		LIVING <input type="checkbox"/>
				DECEASED <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
RELIGION	BUSINESS PHONE			
MOTHER'S LAST NAME	FIRST NAME	MIDDLE		LIVING <input type="checkbox"/>
				DECEASED <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
RELIGION	BUSINESS PHONE			

Please list the first names of other children in the family: _____

Total # of family members attending CCD: _____ Is the family registered at St. Mary? Yes No Unsure

SACRAMENTAL RECORD: Sacramental records are extremely important in the Church.

SACRAMENT	RECEIVED YET?		YEAR	CHURCH	CITY & STATE
BAPTISM	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
PENANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
EUCCHARIST	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
CONFIRMATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

NOTICE: Students who were **NOT** baptized at St. Mary Basilica need to submit a copy of their baptismal certificate.

EMERGENCY CONTACTS:

(1) NAME: _____ PHONE NUMBER(S): _____
 CHECK ONE: Mother Father Stepparent Other: _____

(2) NAME: _____ PHONE NUMBER(S): _____
 CHECK ONE: Mother Father Stepparent Other: _____

EMERGENCY MEDICAL INFORMATION:

I, _____ give my permission for my child _____
 to receive medical attention if necessary. Please contact Dr. _____ (physician)
 or Dr. _____ (dentist) and use _____ (hospital)
 if necessary.

 Signature of parent or guardian Please print name
Date

Please indicate any facts concerning the **CHILD'S MEDICAL HISTORY**, including **allergies, medications** being taken, and any **physical impairments** to which a *physician should be alerted in an emergency situation*:

Please check here if you can **help** with some of our **activities** this year. Name: _____

Please check here if you are a **catechist** or **teaching assistant**.

PLEASE NOTE: To cover the cost of the program, the fee for this year is **\$30 per student**. (Please contact the DRE if financial assistance is needed. No one will be turned away from an inability to pay the fee.) Please make checks payable to **St. Mary Basilica**.

- OFFICE USE ONLY -

Fee paid: Yes No
 Cash Check # _____ Amount \$ _____
 Permission form completed: Yes No
 Registration volunteer: _____

***** PLEASE REGISTER BEFORE SEPTEMBER 1st *****