

**St. David Parish School of Religion New Student Registration Form**

2017-2018

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father Name: First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's Name: First \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden \_\_\_\_\_

Ethnic Origin: Asian  Black  Hispanic  White  Other

Family Background: Married in the Catholic Church  Separated  Divorced  Remarried  Single   
 Married outside the Catholic Church

Religion: Father: Catholic  Non-Catholic

Mother: Catholic  Non-Catholic

Father: Living  Deceased

Mother: Living  Deceased

Student's Previous Religious Education: Yes  No

If yes, where: Parochial School Name: \_\_\_\_\_

Religious Education Program:

Parish Name: \_\_\_\_\_

Grade Entering Religious Education \_\_\_\_\_ Class Assign. (Office Use Only): \_\_\_\_\_

There is a two year readiness program in place for the reception of First Sacraments. Instructions begin in Kindergarten.

Preference for Day/Time:  Thursday 4:30 PM - 6:00 PM  Thursday 6:45 PM - 8:15 PM

Name of Public School Now Attending: \_\_\_\_\_

Sacramental Information	BAPTISM	PENANCE	HOLY COMMUNION	CONFIRMATION
<i>Date</i>				
<i>Name of Church</i>				
<i>Church Address</i>				
<i>Church City</i>				
<i>Church State/ZIP</i>				

Does your child have special needs, Health or Education concerns? Yes  No

If yes, complete the attached Health Form.

Tuition: \$120.00 per student per year. Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Office Use Only:	
Tracker	_____
Excel	_____
Profile	_____
PRC	_____
Family Pack	_____
New Family	_____
Text Wkbk	_____
Zip Binder	_____