

St. David Parish School of Religion New Student Registration Form

2016-2017

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	_____