

REGISTRATION FORM

Student Name: _____

Date of Birth: _____

School Attending: _____

Grade as of September, 2011 _____

Parents: (Father) _____

(Mother) _____

Address: _____

Email: _____

Phone: _____

Cell Phone: _____

Are you a registered parishioner of Old St. Mary Parish?

Yes _____ No _____

Sacraments Received: First Reconciliation Yes _____ No _____

First Communion Yes _____ No _____

Has child participated in Religious Education Classes?

Yes ___ No ___ Year(s) Attended _____

Parish Use Only

_____ Pre-School

_____ Prep for Holy Communion

_____ Prep for Reconciliation

_____ Prep for Confirmation