

2025-2026

# St. Mary's Parish School of Religion

## Student Registration Form

Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ (month/day/year)

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Please print clearly)

Student Lives with (circle one): Both Parents Father Mother Other

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Are there any special needs/problems concerning your child of which the school should be aware:

\_\_\_\_\_

Are you a registered member of St. Mary's Parish? Yes No

If No, which Catholic Parish are you registered with? \_\_\_\_\_

**I/We understand that St. Mary's Religious Education Classes meet every Sunday, September through May (excluding holidays) and that punctuality and regular attendance are strongly encouraged.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian

**\*\*\*\* Please include a \$40.00 registration fee for each student \*\*\*\***

Office use: Date \_\_\_\_\_ Amount \_\_\_\_\_  
Received: \_\_\_\_\_ Received: \_\_\_\_\_ Ck #/Cash: \_\_\_\_\_ Initials: \_\_\_\_\_

**For New Students Only**  
Please fill out Sacrament Information

**Sacraments**

Baptism: \_\_\_\_\_  
                    Month        Day        Year

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Reconciliation:      Yes              No

Church: \_\_\_\_\_

Address: \_\_\_\_\_

First  
Communion: \_\_\_\_\_  
                    Month        Day        Year

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Confirmation: \_\_\_\_\_  
                    Month        Day        Year

Church: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\* New Students: Please attach a copy of Baptismal Certificate \*\***