

# Registration Form

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Faith Formation Grade: \_\_\_\_\_

School: \_\_\_\_\_ Grade in School: \_\_\_\_\_

## Sacramental Preparation

Sacrament of Baptism: YES NO

Date: \_\_\_\_\_ Church/City & State: \_\_\_\_\_

Sacrament of First Communion: YES NO

Date: \_\_\_\_\_ Church/City & State: \_\_\_\_\_

Sacrament of Reconciliation (penance): YES NO

Please list any medical conditions here (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_

Please list any learning concerns here: \_\_\_\_\_

\_\_\_\_\_

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## Parent Information

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

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

Guardian's Name: \_\_\_\_\_

Information Mailed to: please circle one

Mr. & Mrs.

Mr.

Mrs.

Ms.

Other: \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Contact # During Class: \_\_\_\_\_

Alternate Contact During Class:

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

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

I, \_\_\_\_\_ Authorize St. James Parish of Manville, Rhode Island of the Roman Catholic Diocese of Providence to use photographs/videos of my child/ward for promotions, publications, etc.

Parent Signature: \_\_\_\_\_

Please make checks payable to St. James Church

Office Use Only: \_\_\_\_\_