

**ST. MARGARET MARY RELIGIOUS EDUCATION
NEW FAMILY REGISTRATION FORM - 2012 / 2013**

(Please ACCURATELY enter ALL information.)

FAMILY NAME: _____

ADDRESS: _____

PHONE: _____ *Unlisted?*

EMAIL: _____

Are you registered at St. Margaret Mary Parish? (circle one) YES NO

Father/Guardian *(circle) FATHER - GRANDPARENT - STEPFATHER - MARRIED - SEPARATED - DIVORCED - REMARRIED - SINGLE*

LAST NAME _____ FIRST _____

OCCUPATION _____ BUSINESS _____

CELL PHONE _____ WORK PHONE _____

RELIGION _____

Mother/Guardian *(circle) MOTHER - GRANDPARENT - STEPMOTHER - MARRIED - SEPARATED - DIVORCED - REMARRIED - SINGLE*

MAIDEN NAME _____ FIRST _____

OCCUPATION _____ BUSINESS _____

CELL PHONE _____ WORK PHONE _____

RELIGION _____

I will volunteer! CATECHIST SUB ASSISTANT

Fee Schedule: (form and check IN CCD OFFICE) Make check to: St. Margaret Mary CCD

\$50.00/child, \$20.00/each additional child
\$75.00/child, \$20.00/each additional child after May 10, 2012
\$100.00/child, \$20.00/each additional child AFTER May 31, 2012

**ST. MARGARET MARY RELIGIOUS EDUCATION
STUDENT REGISTRATION FORM - 2012/2013**

(Please enter sacramental information **ONLY** if not already recorded.)

WEEKLY SESSION	Grades 1-7	Mon 4:15-5:30 pm	Mon 6:15-7:30 pm	Tues 4:15-5:30 pm
CONFIRMATION	Grade 8	Wed Only 7:00-8:15 pm		
HOME SCHOOL	Grades 1, 3, 4, 5, 6, 7 Not during sacramental years			

Emergency Contact other than parent _____ Phone _____

1. Student Name _____	<i>(circle one) Male Female</i>
_____	Birthdate (mm/dd/year) _____
School Attending _____	School Grade (Fall 2012/13) _____
Learning Needs/Health Concerns _____	
1st choice- Grade _____ Day _____ Time _____	
2nd choice- Grade _____ Day _____ Time _____	
SACRAMENTS	Date Rcvd. Place City/State
Baptism	_____
Reconciliation	_____
Eucharist	_____
LIST BIRTH PARENT INFORMATION BELOW <u>ONLY</u> IF STUDENT IS NOT LIVING WITH BOTH BIRTH PARENTS	
Birth Father _____	Phone _____
Birth Mother (maiden) _____	Phone _____
2. Student Name _____	<i>(circle one) Male Female</i>
_____	Birthdate (mm/dd/year) _____
School Attending _____	School Grade (Fall 2012/13) _____
Learning Needs/Health Concerns _____	
1st choice- Grade _____ Day _____ Time _____	
2nd choice- Grade _____ Day _____ Time _____	
SACRAMENTS	Date Rcvd. Place City/State
Baptism	_____
Reconciliation	_____
Eucharist	_____
LIST BIRTH PARENT INFORMATION BELOW <u>ONLY</u> IF STUDENT IS NOT LIVING WITH BOTH BIRTH PARENTS	
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