

Student's Last Name	St. Cornelius Office of Religious Education Student Registration Form	Family e-mail address
	<i>"Let the children come to me, and do not prevent them; for the kingdom of heaven belongs to such as these." Mark 19:14.</i>	Cell phone
		Alternate Cell Phone

Mother's name <i>(as it appears or will appear on child's Baptismal certificate)</i> (First, Last, Maiden) Religion				Work Phone Number
Address	Street	City	Zip	Home Phone Number
Father's name <i>(as it appears or will appear on child's Baptismal certificate)</i> (First Last, MI) Religion				Work Phone Number
Father's Address <i>(if different from above address)</i>			Home Phone Number	

Please note if child is living with someone other than parent(s)

Name of Emergency Contact (other than parent(s))	address	Phone Number
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Student's name (First, Middle, Last) <i>as it appears or will appear on Baptismal certificate</i>	Date of Birth	School Currently Attending
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Date of Baptism	Church of Baptism	Address of Church
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Date of First Communion	Church of First Communion	Address of Church
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Date of Confirmation	Church of Confirmation	Address of Church
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Conferred by: (name of bishop or priest)

Does the child have any special conditions, food allergies, drug interactions or circumstance of which we should be aware? Yes ___ No ___
 If Yes, please explain:

FOR OFFICE USE ONLY

Grade/ Level	Years of enrollment	Amt. Paid	Comments/remarks	
pre 3				
pre 4				
TK				
K				
1			older: yes no (circle one)	
2			older: yes no (circle one)	
3			CC 1	CC 2
4				
5				
6				
7				
8				