

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
Student's name (First, Middle, Last) <i>as it appears or will appear on Baptismal certificate</i>	Date of Birth School Currently Attending
Date of Baptism Church of Baptism	Address of Church
Date of First Communion Church of First Communion	Address of Church
Date of Confirmation Church of Confirmation	Address of Church
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			SP 1	SP 2
4				
5				
6				
7				
8				