

# STUDENT REGISTRATION (Continued)*Please Print*

- Select:  Grades 1-8 Sunday Morning (10am-11:15am)  
 PreK or Kindergarten Sunday Morning (10am-11:15am)  
 Grades 1-8 Monday Evening (6:15-7:30pm)  
 Online Option (My Catholic Faith Delivered)

## STUDENT INFORMATION

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

(Nick Name) \_\_\_\_\_ (Suffix) \_\_\_\_\_ Male Female

2023-2024 Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: City \_\_\_\_\_ State \_\_\_\_\_

**Baptism** - *Please bring in a copy of the Baptismal Certificate if baptized at another church.*

Complete Baptism Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Reconciliation** Yes No Date: \_\_\_\_\_

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

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

**1<sup>st</sup> Holy Communion** Yes No Date: \_\_\_\_\_

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

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

### Fees

Preschool	_____ x \$35.00	= _____	Amount Paid _____
Kindergarten	_____ x \$35.00	= _____	Check # _____
Grades 1 thru 8	_____ x \$55.00	= _____	Cash _____
Sacraments	_____ x \$25.00	= _____	Date _____
Total		= _____	Receipt # _____