

St. Christopher Parish School of Religion

Information and Registration Form

(Please type or print clearly.)

Student's name: _____
(As it appears on your Baptism Certificate) (Familiar name)

Place of birth: _____
City State Zip

Date of birth: _____ Age: _____ Male Female
Month Day Year

Special circumstances: _____
(Examples: physical, emotional, learning difficulty, medical, medication)

Baptism: _____
Church name Street City State Zip Date

Father's name: _____ Living: Yes No
(As it appears on child's Baptismal Certificate)

Contact information: _____
Home phone Work Cell E-mail address

Mother's name: _____ Living: Yes No
(As it appears on child's Baptismal Certificate)

Contact information: _____
Home phone Work Cell E-mail address

Father Catholic? Yes No Mother Catholic? Yes No Parents Separated? Yes No

Child is living with Both parents Mother Father Guardian

Child's address (if different from parents): _____
Street City State Zip

Guardian (other than parent): _____
Name Home phone Work Cell E-mail address

Parent's address (if different from child): _____
Street City State Zip

Name and cell phone # of persons other than parents or guardian authorized to drop off/pick up child: _____

School attending: _____ Grade: _____
Name Phone

Street City State ZIP E-mail address

Attended religious formation last year? Yes No School CCD Full Year? Yes No

Parish where formation received? _____
Name City State

Family registered in St. Christopher Parish? Yes No If not, please complete Parish Census Form. If family is registered in another parish, written permission from the pastor of parish of residence is required. Is such permission on file in St. Christopher Rectory? Yes No

Child and family attend Mass 1 2 3 4 times per month. Mass regularly attended: __: __ m.

Skills and assistance parents can provide to assist the teachers and staff of the Parish School of Religion: _____

Signed: _____ Date: _____

A Copy of the student's Baptismal Certificate **must** accompany this form.