

**ST. MARY PARISH**  
**SCHOOL OF RELIGION REGISTRATION FORM 2017-2018**  
 PRINT CLEARLY-FILL IN ALL SPACES

***COST: \$15 per child for registered parishioner (please contact DRE if finances are a problem, no one will be refused)***

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

With Whom does Student(s) live? (Ex. Both parents, father, mother, shared custody) \_\_\_\_\_

<b>PRIMARY MAILING ADDRESS:</b>	<b>SECONDARY MAILING ADDRESS:</b>
Name _____	Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Phone (H) _____ (c) _____	Phone (H) _____ (c) _____
Email address _____	Email address _____

**EMERGENCY CONTACT: (Please provide two numbers to call in case a parent cannot be reached.)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

<b>Students First &amp; Last Name</b>	<b>Date of Birth</b>	<b>Grade Level</b>	<b><i>Sacraments ALREADY received</i></b> <b><i>B=Baptism</i></b> <b><i>R=Reconciliation</i></b> <b><i>E=Eucharist (First Communion)</i></b> <b><i>C=Confirmation</i></b>	<b>Allergies/Health Issues</b>
			B R E C	
			B R E C	
			B R E C	
			B R E C	

**VOLUNTEERS ARE NEEDED! Can you help with any of the following?**

- |  |                          |
|--|--------------------------|
| ___ Catechist (application required)     | ___ Substitute Catechist |
| ___ Classroom Aide                       | ___ Substitute Aide      |
| ___ Office volunteer (during class time) |                          |

The Diocese of Kalamazoo requires that ALL volunteers who work with children fulfill the requirement of having a background check and attending the "Protecting God's Children" workshop. Please check if you have completed.

**Background check (With us) \_\_\_\_\_ Protecting God's Children workshop \_\_\_\_\_**

With my signature, I hereby grant permission to St. Mary Parish to publish my child(ren)'s photo, or video image on our parish website, parish bulletin, and/or other media as deemed appropriate by the Parish.  Parent Signature : _____
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FOR OFFICE USE: Paid: Check number : \_\_\_\_\_ Cash: \_\_\_\_\_ Online Payment: \_\_\_\_\_

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