

NEW STUDENT REGISTRATION FORM - GRADES 1 - 7

Office of Faith Formation St. John Neumann Church
157 Middleboro Rd PO Box 718 East Freetown, MA 02717
sjnreled@sjnfreetown.org 508-763-8122

Office use only

Please indicate class day in order of preference: Mon _____ Tues _____ Wed _____
5:15-6:30PM 5:00-6:15PM

Student Information: If you have a copy of Baptism Certificate please submit with registration form. If not please contact church of Baptism and they will forward a copy to us. Please complete one form for each new student.

Student Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Place of Birth: _____

School Attending: _____ Grade _____

Baptism: Date: _____ Parish: _____ City: _____

First Eucharist: Date: _____ Parish: _____ City: _____

How many years of Faith Formation has this student completed? _____

Father _____ Mother _____
First Name Last Name First Name Maiden Name

Father's Religion: _____ Mother's Religion: _____

Previous Parish: _____ City/State: _____

STUDENT'S FAMILY - BROTHERS AND SISTERS:

Name	Grade	Name	Grade
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

PARENT/GUARDIAN MAILING INFORMATION:

Street/PO/Box City/Town State Zip

Cell #: _____ Cell # _____ Please * best cell # to use
Father Mother

Best Email & Phone for Communications:

Email

Cell Phone

This year we will be using Flocknote automated messaging software to communicate with you regarding cancellations and/or other pertinent information.

EMERGENCY INFORMATION:

In an emergency, if parent or guardian cannot be reached, please notify:

Name: _____ Telephone: _____

Is there anyone who should **not** be picking up your child? YES NO

If yes, please provide their name _____

Please note on the back of this form any allergies, special needs, or concerns for your child that we should be aware of. Thank you.