

NEW STUDENT REGISTRATION FORM - GRADES 1 – 7

Office Use Only

Office of Faith Formation
St. John Neuman
PO Box 718
East Freetown, MA 02717

sjnreled@sjnfreetown.org 508-763-8122

* **Fees:** \$65.00 per student not to exceed \$130.00 per family

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

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(s) for Communications: _____

Email

We use 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 pick 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.