



Senyor Santo Nino de Cebu Catholic Church

5655 Rigsby Ave, San Antonio, Texas 78222; Tel. No. (210) 6481705 Fax (210) 6485365 website: www.stonino.org

Date of Registration: _____ New in the Parish: Y N School Year: _____

Requirements (Please attach the checked requirements **upon submission**):

Birth certificate Cert. of First Communion
 Baptismal certificate Certificate of Attendance/letter from previous RE Church
 (if enrolling from another parish)

Student Information

Surname	First Name	Middle Name	DOB	Age	Baptized? (Answer Y or N)	Received 1 st Communion? (Answer Y or N)	School Grade	RE Class (OFC ONLY)

Contact Information

Name	Relationship	Email address	Primary contact #	Secondary #	Home Address

Emergency Contact: _____ Contact #: _____

List of Medical/Special Needs: _____

OFFICE USE ONLY: (Check what applies)

Regular Fees	Pay	Cash	Check	Check #
Registration	\$50.00			
Family of two	\$75.00			
Family of three	\$100.00			
Additional Fees				

Notes: (add date)

Processed by: _____

