

**ST. BENEDICT**  
CATHOLIC CHURCH AND SCHOOL



**SAINT BENEDICT FAITH FORMATION  
REGISTRATION FORM 2019/2020  
Special Education RE Program**

Student's Name: \_\_\_\_\_  
(Last name) (First Name)

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade September 2019: \_\_\_\_\_

Special Needs (Medical / Learning disabilities / Physical disabilities):

Baptism Information

Date: \_\_\_\_\_

Parish: \_\_\_\_\_

Faith at Baptism: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eucharist Information if applicable

Date: \_\_\_\_\_

Parish: \_\_\_\_\_

***Father's Information:***

Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Cell: \_\_\_\_\_

***Mother's Information:***

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Cell: \_\_\_\_\_

***Family Information:***

Mailing Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

***Family Information:***

Home phone: \_\_\_\_\_

Emerg. Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

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***St. Benedict Catholic Church and School Summer Academy Rates 2019-2020***

**One Child - \$75.00**

If you would like to add a copy of any additional information that we may need. ex:IEP or 504 plan please attach.

I also consent to the use of any videotapes and or photographs in which my child may appear by the Diocese of Trenton and/or St. Benedict. I understand that these materials are being used for promotion of the parish which may include recruitment and fundraising efforts. The signature below allows the Faith Formation Program to provide all information on this form to the staff for parish / diocese purposes only.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date**\_\_\_\_\_

***St. Benedict Catholic Church and School Summer Academy Rates 2019-2020***

**One Child - \$75.00**

**Office Use**

Cash \_\_\_\_\_

Check \_\_\_\_\_

Date \_\_\_\_\_

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