



**ST. MARY CHURCH**  
830 FIFTH AVE.  
ALPHA, NJ 08865  
**RELIGIOUS EDUCATION**  
**REGISTRATION FORM**

PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE TO THE CHURCH OFFICE.

**STUDENT'S FULL NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Alternative#** \_\_\_\_\_

**Email**

\_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_  
MONTH/DAY/YEAR

**SCHOOL** \_\_\_\_\_ **GRADE IN SEPTEMBER** \_\_\_\_\_

**Religious education for 1<sup>st</sup> grade will run on Mondays from 4-5 pm**

**Does your child have any special needs or food allergies?** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**RELIGION** \_\_\_\_\_

**MOTHER'S FIRST/MAIDEN NAME** \_\_\_\_\_

**RELIGION** \_\_\_\_\_