



Date Received _____
Reg Fee \$ _____
Cash/Check # _____

**ST. MARY, MOTHER OF GOD PARISH
TRADITIONAL 2020-2021 REGISTRATION FORM**

\$125.00 per child 3 or more children \$350.00 – Tuesday 6-7:15 pm or Thursday 4-5:15pm

Father's Name _____ Cell No. _____ Living/ Deceased

Home Phone _____ Religion _____

Address _____
Street Town Zip

Mother's Name _____ Cell No. _____
Living/Deceased

Mother's Maiden Name _____ Home Phone _____ Religion _____

Address(if different from above) _____
Street Town Zip

Legal Guardian Name (if different from above) Name _____ Cell No. _____

Address (if different from above) _____
Street Town Zip

*Family e-mail (REQUIRED) _____

Child #1: Last Name _____ First Name _____ M/F
Date of Birth ___ / ___ / ___ Special learning needs/medical conditions? _____
TUESDAY OR THURSDAY (CIRCLE ONE) Grade Entering in September _____

Child #2: Last Name _____ First Name _____ M/F
Date of Birth ___ / ___ / ___ Special learning needs/medical conditions? _____
TUESDAY OR THURSDAY (CIRCLE ONE) Grade Entering in September _____

Child #3: Last Name _____ First Name _____ M/F
Date of Birth ___ / ___ / ___ Special learning needs/medical conditions? _____
TUESDAY OR THURSDAY (CIRCLE ONE) Grade Entering in September _____

SIGNATURE REQUIRED FOR REGISTRATION-COMplete OTHER SIDE OF THIS PAGE

****All new students (including all first graders) must attach a copy of any sacramental certificates to this registration form, including those baptized at St. Mary Church.**

Are there any special instructions regarding your child(ren)? (i.e. dismissal, transportation, etc.)

Are there any custodial issues? If yes, please explain: _____

Family Covenant

As a parent/guardian of a student in a Faith Formation program, I accept primary responsibility for the religious formation of my child(ren) by modeling Christian behavior, attending weekly Mass, frequently receiving the sacraments, serving others, teaching the prayers of the Church, praying with my family, supporting my child(ren)'s participation in parish Faith Formation programs, and knowing and explaining the teachings of the Church. . I am aware that the curriculum includes Family Life Series which is mandated by the Bishops office in Trenton.

Parent/Guardian Signature _____

Promotional Release

I consent to the use of any videotapes and/or photographs in which my children may appear by the Diocese of Trenton and/or the parish (without the use of my child's name). I understand that these materials are being used for promotion of the parish Faith Formation programs and/or activities, which may include recruitment and fundraising efforts.

Parent/ Guardian Signature _____ **Date** _____

EMERGENCY CONTACT INFORMATION

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

B. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

Are there any health or learning conditions of which we should be aware? If so, please explain:
