



Date Received \_\_\_\_\_

Reg Fee \$ \_\_\_\_\_

Cash/Check payable to Saint Mary Church \_\_\_\_\_

**ST. MARY, MOTHER OF GOD PARISH  
TRADITIONAL 2021-2022 REGISTRATION FORM**

**\$125.00 per child 3 or more children \$300.00 – Tuesday 6-7:15pm 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.)

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

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**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 \_\_\_\_\_

**Behavioral Contract**

I understand that if my child cannot behave in class and the teacher is having any behavioral issues with my child my child will not be allowed to continue to attend classes and other options will be discussed.

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 \_\_\_\_\_

**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:**

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