

Saint Elizabeth Ann Seton Office of Religious Education

First Time Registration Form 2021/2022

R.E. Level Entering _____

Child's Full Name as on Baptismal Certificate _____

Gender _____ **Date of Birth** _____ **Date of Baptism** _____

_____ **Church** _____ **Address** _____ **Zip Code** _____

In September 2021, what grade will your child be in public school? _____ Public School _____

Does your child have **Special Learning Needs / Medical Conditions**? _____

Family History

Father's Name _____ **Religion** _____

Home Address _____

Email _____ **Occupation** _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Mother's Name _____ **Religion** _____

Mother's Maiden Name _____ **Occupation** _____

Address, if different from above _____

Email _____ **Cell Phone** _____ **Work Phone** _____

First Emergency Contact Name _____ **Cell** _____

Second Emergency Contact Name _____ **Cell** _____

First Preference for Session _____ **Second Choice** _____

Sibling(s) in Program _____ **Level** _____

Parishioners of SEAS? _____ Registration ID # _____ If not, Your Parish _____

Transfer Student

Parish _____ **Years Attended** _____

Address _____

Permanent Record from previous Rel. Ed. Attached Y/N _____

X _____
Print name _____ **Signature** _____ **Date** _____