

**ST. MARY STAR OF THE SEA RELIGIOUS ED REGISTRATION**

**PLEASE COMPLETE FORM IN ITS ENTIRETY**

Student: \_\_\_\_\_

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

Grade in September: \_\_\_\_\_ P.S. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does Student have any allergies? \_\_\_\_\_ Allergic to: \_\_\_\_\_

On Medication? If so, list name/s \_\_\_\_\_

In Case of Emergency please list 2 contacts:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Health Conditions/Disabilities \_\_\_\_\_

Father: \_\_\_\_\_ Living: Yes or No

Religion \_\_\_\_\_

Mother's First & Maiden Name: \_\_\_\_\_ Living: Yes or No

Religion \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ ( MUST INCLUDE COPY OF BAPTISM CERTIFICATE)

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

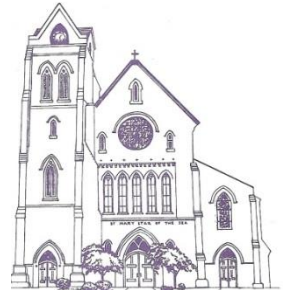
Date: \_\_\_\_\_ Checked by: \_\_\_\_\_

Are you registered parishioners of St. Mary Star of the Sea Church? Circle Yes or No

If yes, what is your Parishioner number: \_\_\_\_\_

If not, would you like us to register you? Circle Yes or No

Where did your child attend Religious Classes last year? \_\_\_\_\_



If your child is a new student going into 2<sup>nd</sup> or 3<sup>rd</sup> or 4<sup>th</sup> grade classes, a report card or transfer form from last Religious Education Program is needed.

Does your child currently attend a Special Education or Resource Program in their Public School? \_\_\_\_\_

If Child has special needs, what is the nature of their disability? \_\_\_\_\_

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The Child Safety Program is required for all children who are registered in Catholic Elementary Schools and Religious Education Programs. Each year, every child enrolled in a Religious Ed Program in the diocese will receive safety training by the use of the Child Lures Prevention Program. Parents and Guardians will be given a CHILD LURES PREVENTION PARENT HANDBOOK for the purpose of reviewing the topics that are taught to your child in class.

By signing this Registration form you are agreeing to let your child participate in the Child Lures Program and you are stating that the above information is accurate.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

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**Office Use Only**

Attached:

Baptism Certificate \_\_\_\_\_

First Holy Communion Certificate \_\_\_\_\_

Registered by: \_\_\_\_\_ Date: \_\_\_\_\_