

HOLY NAME OF MARY RELIGIOUS EDUCATION – STUDENT REGISTRATION 2020-2021

New registration: If a child is registering for the first time, a *baptismal certificate* must accompany this form, even if the child has been baptized at Holy Name of Mary.

Parish Registration #: If you are not registered in the parish, please do so before registering your child for Religious Education Instructions. Parish Registration number may be found on your Sunday envelope.

FAMILY INFORMATION

Salutation: (Mr. & Mrs.)

Family Name:

Mother's Name:

Father's Name:

Mailing Address:

Billing Address (if different):

Email Address:

Church Registration #: _____ Home Phone: _____

Mother's Work #: _____ Cell #: _____

Father's Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____

Phone#: _____

Please check the time you would like your child to have his/her class:

Grades 1 - 5 Mon., 3:30-4:45 pm ___ Tues., 3:30-4:45 pm ___ Wed., 3:30-4:45 pm* ___

Grades 6-8: Mon, 7:00-8:15pm ___ Tues., 7:00-8:15pm ___

STUDENT INFORMATION

(All information will be kept confidential: this is for us to make sure that we are being as accommodating as possible for your child).

Student's Last Name: _____ First: _____

Sex: M / F

Student's date of birth: ____/____/____ Public School: _____

Grade: _____ (in September) Church of Baptism: _____ Date

Church

Address: _____

Has your child received First Communion? Y / N Mother's Maiden

Name: _____

Church of First Communion: _____

Expected Communion Year _____ Expected Confirmation Year _____

Information form for Child with Special Needs

Child's name: _____

Grade Level (in September) _____ Grade in School: _____

Self-contained classroom in school? _____

Mainstreamed (Regular class) _____

Classification of Special Needs

Developmental Delay _____ Learning Disabled* _____

Emotional Problem _____ Neurologically Impaired _____

Blind/Hearing Impaired _____ Autism _____

Allergies (please be specific)

Gluten and or Celiac _____ Epi-pen _____

****If Learning Disabled, please specify**

Dyslexia _____ Hyperactivity _____

Attention Deficit _____ Visual/Auditory _____

Memory/Thinking Disorder _____

Coordination Deficit _____

Perceptual/Motor Impairment _____ Impulsivity _____

Other _____

Pertinent medical Information (Medications, Seizures, Diabetes, Asthma, Epi pen etc):

Other information which will be helpful for the teacher to know:
