

Appendix H Student Registration Form



Diocese of Trenton STUDENT REGISTRATION FORM

Please print or type all information below. Thank you.

Parish Program Home Study Program Other

Name: _____
Last First Middle

Address: _____
Street Town State Zip

Phone: _____ Birth Date: _____ Grade: _____

Parish/School attended last year for Religious Education: _____ Male / Female
Circle one

Name: _____ Town: _____

Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Penance/ Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other : Baptized in another denomination
 Profession of Faith
 Full Initiation (*Baptized after age 7*)

Date: _____ Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

**Please attach copy of Baptismal Certificate if not from this Parish.*

Parish of Registration

Parish: _____
Name

Parish Address: _____
Street Town State Zip

Family Information

Mother's Name: _____ Phone: _____
Last Name / First Name

Maiden Name: _____ DECEASED

Religion: _____

Father's Name: _____ Phone: _____
Last Name / First Name

Religion: _____ DECEASED

Legal Guardian, if different from above:

Name: _____ Home Phone: _____
Last Name / First Name

Maiden Name: _____ Work Phone: _____

Address: _____
Street Town State Zip

Health Information

Does your child have learning needs?

Learning Disability – Classification: _____

Other – Please Explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions? (i.e. dismissal, transportation, etc.)

Are there any custodial issues? If yes, please explain: YES NO

Promotional Release

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: _____

Appendix I Emergency Contact Form



**Diocese of Trenton
EMERGENCY CONTACT FORM**

Please print or type all information below. Thank you.

Student's Name: _____
Last First Middle

Parent/Guardian's Name: _____
Last First Middle

Address: _____
Street Town State Zip

Phone: _____ Work Phone: _____

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: _____

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

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

Parent/Legal Guardian Signature: _____ Date: _____