

# St. David's New Applicant Registration Form 2011-2012

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Father's Name (First/Middle/Last) \_\_\_\_\_

Mother's Name (First/Middle/Last/Maiden) \_\_\_\_\_

Ethnic Origin: Asian  Black  Hispanic  White  Other \_\_\_\_\_

Family Back Ground: Married in the Catholic Church  Separated  Divorced  Remarried  Single

Religion: Father: Catholic  Non-Catholic

Mother: Catholic  Non-Catholic

Father: Living  Deceased

Mother: Living  Deceased

Student's Previous Religious Education: Yes  No

If yes, where: Parochial School \_\_\_\_\_

Religious Education/CCD: \_\_\_\_\_

Name of Parish \_\_\_\_\_

**Grade Entering Religious Education in September 2011** Grade \_\_\_\_\_ Class Assign. (Office Use Only) \_\_\_\_\_

**There is a two year readiness program in place for the reception of First Sacraments. Instructions begin in Kindergarten**

Preference for Day/Time	<input type="checkbox"/> Thursday 4:30-6:00 PM	<input type="checkbox"/> Thursday 6:45-8:15PM

Name of Public School Now Attending: \_\_\_\_\_

Religious Information	Baptism	Penance	Holy Communion	Confirmation
Date				
Name of Church				
Church Address (Street/City/State)				

Does your child have special needs, Health or Education concerns? Yes  No:

If yes, complete the attached Health Form

**Tuition: \$100.00 per student per year.**

**Amount Enclosed:** \$ \_\_\_\_\_ Check # \_\_\_\_\_