



SAINT FERDINAND CHURCH
RELIGIOUS EDUCATION PROGRAM

STUDENT REGISTRATION FORM 2018-2019

Please fill out one form for each student. Please PRINT all information

Student Name _____ Grade _____
Last First This Year

Address _____ Child's Date of Birth _____
Street Apt. # (mm/dd/yyyy)

_____ Place of Birth _____
City Zip Code

Home Phone Number _____

Public School Attending _____
Name Address

Father's Name _____ Religion _____ Work Phone _____

Father's Cell Phone _____ Father's E-Mail _____

Mother's Name _____ Religion _____ Work Phone _____

Mother's Cell Phone _____ Mother's E-Mail _____

STUDENT LIVES WITH: (circle one) BOTH PARENTS MOTHER FATHER OTHER

Are you/your family registered at St. Ferdinand? Yes No If no, where _____

Has the student had any previous religious education in another program or Catholic school? _____

If yes, please give the name of the program or school and grades attended _____

Is there any information which we should know, i.e. medical condition, learning disability, etc? Please describe on the reverse side.

Student's Sacramental Record

Baptism _____
Date Church City

Reconciliation _____
Date Church City

Eucharist _____
Date Church City

Confirmation _____
Date Church City