

SAINT MARY OF THE IMMACULATE CONCEPTION, MILTON

**Faith Formation Registration
New Families 2011 – 2012**

FAMILY INFORMATION

Family I.D. #: _____

Parent/Guardian Name(s): _____

Address: _____ City/State: _____

Alternate Address (PO Box): _____ Zip: _____ Religion _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Remarried ___ Widowed ___

Family Phone: _____ Unlisted? Yes or No Family Email: _____

Mother Cell: _____ Mother Employer: _____

Mother Work Phone: _____ Mother Religion _____

Father Cell: _____ Father Employer: _____

Father Work Phone: _____ Father Religion _____

Additional Parent/Guardian Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Relationship to Child(ren):

(check one)

- Mother
- Father
- Step-Parent

Emergency Contacts for Children (If Parents Cannot Be Reached)

Name: _____ Relationship to child: _____ Phones: _____

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Please provide any information necessary for staff to know (i.e. custody) _____

STUDENT INFORMATION

Student Name: _____ Gender: Male or Female

Grade for 2010 – 2011: Preschool Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

School (name/city): _____

Class Preference for this child: Preschool (Must be 4 yrs by 12-31-2011)

Grade K-6: Tues 4:00 Wed 4:00 Wed 5:45 Middle School - 7 & 8 High School

Birth Date: _____ Birthplace (City/State): _____ Religion: _____

Sacraments: Has your child received the following Sacraments?

Baptism yes or no **Attach certificate to form. Originals will be returned.**

Reconciliation yes or no Date/Place: _____

First Communion yes or no Date/Place: _____

Confirmation yes or no Date/Place: _____

Allergies/Health Concerns/Special Needs: _____

Include additional students on the other side

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