

Student's Name \_\_\_\_\_

Last    First    Middle

Place of Birth\_\_\_\_\_ Date of Birth\_\_\_\_\_

Mother Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email \_\_\_\_\_

Father Name \_\_\_\_\_ Cell Number \_\_\_\_\_

	Date	Church	Location
Baptism*			
First Reconciliation			
First Eucharist			
Confirmation			

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

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**\*Please attach copy of Birth Certificate**

**\*Please attach copy of Baptismal Certificate if your child is new in the Religious Education Program, even if your child was baptized in this Parish.**

Family Information:

Child lives with. (Circle one): both mother & father, Mother only, father only, other

\_\_\_\_\_

Stepmother's full name \_\_\_\_\_

Stepfather full name \_\_\_\_\_

Legal guardian, if different than above:

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

**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 health conditions of which we should be aware? If so, please explain:

\_\_\_\_\_

Are there any custodial issues? If yes, please explain: \_\_\_\_\_ Yes

\_\_\_\_\_ No

Is there a Custody order? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current Restraining Order? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is there a copy of either on file  
in the Religious Education Office? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, will you please  
provide us with a copy? 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 parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

\_\_\_\_\_

**Parent/Legal Guardian Signature:**

**Date:** \_\_\_\_\_

September 2023

Dear Parents,

important to us, and we are happy to help them. The religious education for your children is very with their formation. However, you are the primary educators of your children. It is your responsibility to make sure that your children attend class every week, that they do their homework and above all to take them to mass on Sundays, this is mandatory and holy days of obligation. By attending the weekly mass, they get to know their priest and their community, as well as the structure of the mass and their prayers we would like you to commit to the following:

I agree that my child/children will attend cannot miss more than four classes of religious education. If my child/children get sick or have an emergency, I will contact the office and bring a medical note to the next class.

I agree that my child/children will attend a special mass once a month with their class. I am aware that if my child/children **do not qualify, they may have to repeat the same grade next year.**

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Signature of the father/guardian legal

Date

**EMERGENCY CONTACT FORM**  
Please print or type all information below

Student's  
Name \_\_\_\_\_  
Last First Middle

Parent/Guardian's  
Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Town State Zip

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached, or person or persons allowed to pick up your child/ren):

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

First Holy communion classes:  
Sunday at 10 am \_\_\_\_\_  
Tuesday at 4:30 pm; grades 2, 3 4 & 5 \_\_\_\_\_  
Tuesday at 6 pm; grades 6 and up \_\_\_\_\_  
Confirmation Classes  
Sunday first and second year. (Every other week)  
Group A, 8 am-10:15 am      Group B, 9:30 am – 11:45 am  
Tuesday, 6pm – 7:15 pm (Every week)

Do you give permission to your child to walk home without adult supervision?

\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_  
Date \_\_\_\_\_