

ST.MARY'S RELIGIOUS EDUCATION (Grades Pre-K-10) REGISTRATION FORM 2013-2014

Section A: New Student Registration (returning students please skip to Section B on back)

Student Information

Name: _____ DOB: _____ Gender: _____
First MI Last

School: _____ Grade Level: _____ Baptized 1st Communion

Special Concerns (food allergies, disabilities, medications, special instructions, etc.)

Parish Registration at: _____

Home Address: _____ Home Phone: _____

Father's Information

Name: _____ Religious Affiliation: _____

Address (if different): _____

Cell Phone: _____ Text Email: _____

Mother's Information

Name: _____ Religious Affiliation: _____

Address (if different): _____

Cell Phone: _____ Text Email: _____

For additional children, please complete Section B on back.

PLEASE RETURN TO THE PARISH CENTER OR SUBMIT ONLINE AT WWW.STMARYSCORTLAND.ORG

St. Mary's & St. Anthony's Parish Center
59 N. Main St., Cortland, NY 13045 † 607-756-9967 † religiouedK8@gmail.com

Section B: Additional and Returning Students

Check here if you pre-registered online*

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Student : _____ DOB: _____ Grade Level: _____
First MI Last

Contact Information for the above student(s) has not changed in the past year.
(Please complete Section A to note a change.)

Special Concerns: _____

Section C: Parent Agreement Form

(please check all that apply)

- I realize my obligation to educate my child(ren) in the Catholic faith.
- I will do everything possible to make sure my child(ren) is able to regularly attend weekly Mass and Holy Days of Obligation.
- I acknowledge that I am responsible for the regular attendance of my child(ren) and will provide notice of absences.

I would like to participate as a:

- _____ Catechist
- _____ Assistant Catechist
- _____ Substitute
- _____ Nursery Monitor (1x/month)

I prefer to be contacted by:

- Home Phone Cell Text Email

Signed _____

***NOTE: Families who pre-registered online
Do not need to complete Section A or B
of this registration form.**