

**Nativity of the Blessed Virgin Mary-St. Stanislaus Bishop and Martyr Parish  
Religious Education Registration Form 2019-2020**

Formulario De Inscripcion 2019-2020

Registration Fee (non-refundable) is **\$50 per child** - \$100 for 2 or more children

**STUDENT INFORMATION**

FAMILY MUST BE REGISTERED MEMBERS OF THE PARISH -PLEASE SEE PARISH SECRETARY TO REGISTER

**STUDENT NAME** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_  
(First) Primer Nombre del Nino (Last) Apellido del Nino Gender/Sexo

**HOME ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** NY **ZIP** \_\_\_\_\_  
Direccion Ciudad Estado Codigo Postal

**HOME PHONE #** \_\_\_\_\_ **STUDENT'S BIRTHDATE** \_\_\_\_\_  
Telefono casa Fecha de Nacimiento

**PUBLIC SCHOOL NAME PS#** \_\_\_\_\_ **MS#** \_\_\_\_\_ **PUBLIC SCHOOL GRADE 2019-2020** \_\_\_\_\_  
La Escuela este nino ahora asiste Grado por 2019-2020

**Student lives with (check one):** Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ (Please fill in guardian info on reverse)

**MEDICAL INFORMATION**

**MEDICAL INFO ABOUT STUDENT (allergies, prescriptions, special educational needs, etc.)**  
Informacion importante medico y docente de estudiante (alergias, recetas, colocacion en escuela, etcetera)

**FAMILY DOCTOR:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
Medico Telefono

**EMERGENCY CONTACT**

**IN CASE OF EMERGENCY NOTIFY** Informacion por emergencia (Poner en orden de contactar)

**NAME (Nombre)** \_\_\_\_\_ **PHONE NUMBER (Telefono)** \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**SACRAMENT INFORMATION**

**\*\*\*RELIGIOUS EDUCATION OFFICE MUST HAVE A COPY OF STUDENT'S BAPTISMAL CERTIFICATE\*\*\***

**BAPTISM: CHURCH** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Bautismo: Iglesia de Bautismo Fecha de Bautismo

**ADDRESS** \_\_\_\_\_  
Direccion

**FIRST COMMUNION: DATE** \_\_\_\_\_ **CHURCH** \_\_\_\_\_  
Fecha de Primera Comunion Iglesia de Primera Comunion

**FIRST PENANCE: DATE** \_\_\_\_\_ **CHURCH** \_\_\_\_\_  
Fecha de Primera Reconciliacion Iglesia de Primera Reconciliacion

**\*\*\*HAS YOUR CHILD ATTENDED PREVIOUS RELIGIOUS INSTRUCTION? - (must have transfer papers from Parish Religious Education or Catholic school last attended)** Ha asistido su hijo clases de educacion en otra parroquia?

\_\_\_\_\_  
(Years attended/Anos de asistencia)

\_\_\_\_\_  
(Parish/School Name/Nombre de Parroquia)

\_\_\_\_\_  
(Address /Escuela, Direccion, Ciudad, Estado, Codigo)

**PARENT/GUARDIAN INFORMATION**

**Married/Casado** \_\_\_\_\_ **Separated/Separado** \_\_\_\_\_ **Divorced/Divorciado** \_\_\_\_\_ **Other/Otro** \_\_\_\_\_

**FATHER'S FULL NAME** \_\_\_\_\_  
Nombre complete del Padre (First) Primer Nombre (Last) Apellido

**CELL PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_  
el telefono celular

Do you agree to receive text messages on your cell phone regarding school closings, scheduling changes etc? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMAIL ADDRESS (print neatly)** \_\_\_\_\_

**RELIGION: Roman Catholic** \_\_\_\_\_ **Other (Please specify)** \_\_\_\_\_

**LANGUAGE(s) SPOKEN** \_\_\_\_\_  
Lenguaje hablado

**MOTHER'S MAIDEN NAME** \_\_\_\_\_  
Nombre complete de soltera de la Madre (First) Primer Nombre (Last) Apellido

**CELL PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_  
el telefono celular

Do you agree to receive text messages on your cell phone regarding school closings, scheduling changes etc? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMAIL ADDRESS (print neatly)** \_\_\_\_\_

**RELIGION: Roman Catholic** \_\_\_\_\_ **Other (Please specify)** \_\_\_\_\_

**LANGUAGE(s) SPOKEN** \_\_\_\_\_  
Lenguaje hablado

**Additional information** regarding student's relationships with parents (custody, visitation, court orders, etc.)  
**Informacion adicional** de relacion de estudiante con padres (custodia, visitacion, mandamiento judicial, etcetera)

\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN NAME (ONLY IF NOT PARENT)** \_\_\_\_\_  
Nombre de Guardian

**RELATIONSHIP** \_\_\_\_\_ **RELIGION** \_\_\_\_\_  
Relacion al nino

**Please list below all other children in family attending Religious Education at this parish:**

<b>NAMES/ Nombre del Ninos</b>	<b>BIRTH DATE/ Fecha de Nacimiento</b>
_____	_____
_____	_____

**FOR OFFICE USE ONLY DO NOT WRITE BELOW**

Registration fee recieved: CK# \_\_\_\_\_ CASH \_\_\_\_\_ AMOUNT: \_\_\_\_\_

PARISH ENVELOPE # \_\_\_\_\_ BAPTISMAL CERTIFICATE RECEIVED \_\_\_\_\_

**ASSIGNED TO : Grade for 2019-2020** \_\_\_\_\_ **HOMESCHOOL** \_\_\_\_\_ **Teacher** \_\_\_\_\_