

Student Name: \_\_\_\_\_

Formation ID #: \_\_\_\_\_

Family Name: \_\_\_\_\_

Family ID #: \_\_\_\_\_  
Date Registered: \_\_\_\_\_  
Student Phone(s): \_\_\_\_\_  
Family Phone(s): \_\_\_\_\_

Parish: \_\_\_\_\_  
To whom should mail be addressed : \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergies/Meds: \_\_\_\_\_

Grade in Sept 2018: \_\_\_\_\_ School: \_\_\_\_\_

In Case of Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
If student is not living with one or both parents:

Name of Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Information:

Name: \_\_\_\_\_ x Relationship: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ x Relationship: \_\_\_\_\_  
Phone(s): \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Email: \_\_\_\_\_

**Sacrament Information:**

Baptism: Status: _____ Date: _____ Location : _____	First Communion: Status: _____ Date: _____ Location : _____
Confirmation: Status: _____ Date: _____ Location : _____	Reconciliation: Status: _____ Date: _____ Location : _____

I would like to volunteer as: \_\_\_\_\_ Catechist Aide Substitute Other \_\_\_\_\_

I give permission for photographs to be taken of my son/daughter during events at St. Mary's. Photos will be used for bulletin board, parish website, facebook page or Catholic newspaper.  (Check Here)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: 2018-2019, \$45 per child (payable to St. Mary's Church), not to exceed \$110 per family  
Amount Received: \_\_\_\_\_ Payment Received by: \_\_\_\_\_  
Please return to: Leona Stone, St. Mary's Church, 62 Warren St., Glens Falls, NY 12801