ST. MARY'S PARISH ~ 5866 MAIN ST., P.O. BOX 177, AUBURNDALE, WI 54412 REGISTRATION 2022/2023—NEW STUDENTS RELIGIOUS EDUCATION PROGRAM

Family NameParent(s)		Student(s)		
Address	ÿ	2		=
Street	City	State	Zip	Phone #
Parent's Name and Address, if different than above: Name	: Name			
Address				
Street	City	State	Zip	Phone #
(For mailing purposes) Parent(s) Marital Status: Single	ingle Married Separated_	edDivorced	Widow/Widower	
(For mailing purposes) Children live with: Mother & Father	& Father Mother	FatherOther	Other (identify below)	
Other custody:				
Mother: Name	Address Father:		Phone #	Relationship
Religion Parish Registered	Yes No	Parish	Registered	ered Ves No
Contact Information: Mother: cell		Father: cell	work	
E-mail addresses: home	work: Mother	F	Father	
Other contact: NamePhone	Phone number(s)		Relationship	
Please note any Special Problems a child might have (speech, hearing, allergies, etc.)	e (speech, hearing, allergies	, etc.)		
Please note any S <i>pecial Talents</i> a child might have (music, drama, art, speaking, etc.)	music, drama, art, speakin,	g, etc.)		

PLEASE FILL OUT ALL AVAILABLE INFORMATON ON THE BACK. LEAVE SACRAMENTAL INFORMATION BLANK IF SACRAMENT HAS NOT YET BEEN RECEIVED.

			Students(s) registered
			Sex
			Birth
		Fall, 2021	Grade
		Baptism Date	
		Place	
		1 st Reconciliation 1 st Eucharist Place Y/N (Date, if known) Date	Sacram
		l st Eucharist Date	ents Received
		Place	
		Confirmation Date	
		Place	