

ST. MARY'S PARISH ~ 5866 MAIN ST., P.O. BOX 177, AUBURNDALE, WI 54412
RELIGIOUS EDUCATION PROGRAM
REGISTRATION 2022/23—**RETURNING STUDENTS**

Family Name _____ Parent(s) _____ Student(s) _____

Address _____
Street _____ City _____ State _____ Zip _____ Phone # _____

Parent's Name and Address, *if different than above*: Name _____

Address _____
Street _____ City _____ State _____ Zip _____ Phone # _____

(For mailing purposes) Parent(s) Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow/Widower _____

(For mailing purposes) Children live with: Mother & Father _____ Mother _____ Father _____ Other (identify below) _____

Other custody: _____ Name _____ Address _____ Phone # _____ Relationship _____

Mother: Religion _____ Parish _____ Registered _____ Yes No _____ Father: Religion _____ Parish _____ Registered _____ Yes No _____

Contact Information: Mother: cell _____ work _____ Father: cell _____ work _____

E-mail addresses: home _____ work: Mother _____ Father _____

Other contact: Name _____ Phone number(s) _____ Relationship _____

Please note any *Special Problems* a child might have (speech, hearing, allergies, etc.) _____

Please note any *Special Talents* a child might have (music, drama, art, speaking, etc.) _____