

# **FAITH FORMATION REGISTRATION 2019 - 2020**

*Saint Elizabeth Ann Seton Parish*

**Please Print** .....Today's Date: \_\_\_\_\_

## **Grades K - 9**

**The registration fee is \$35.00 per STUDENT.**

Make checks payable to St. Elizabeth Ann Seton Parish.

Mailing address: 87 Beacon Street, Florence, MA 01062

**1<sup>st</sup> Student's Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Cell # and Home phone: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father's Address (If different from Student): \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Address (If different from Student): \_\_\_\_\_

Student's Grade at School: \_\_\_\_\_ Student's Grade for RE: \_\_\_\_\_

Student's Birth date: \_\_\_\_\_

Student's Place of Birth, City, State, Country: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

City, State of Baptism: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Church of First Communion: \_\_\_\_\_

City, State of First Communion: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

In Case of Emergency Call: \_\_\_\_\_

Cell Phone and Telephone number: \_\_\_\_\_

Student's Siblings: \_\_\_\_\_

List any Students Special Needs, Diet, Allergies, and Disabilities?

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OFFICE USE ONLY:

Registration Fee Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Cash/Check (Circle One) Check Number: \_\_\_\_\_

**OVER -->**

**2<sup>nd</sup> Student's Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student's Grade at School: \_\_\_\_\_ Student's Grade for RE: \_\_\_\_\_

• Student's Birth date: \_\_\_\_\_

Student's Place of Birth, City, State, Country:  
\_\_\_\_\_

• Church and Date of Baptism: \_\_\_\_\_

City, State of Baptism: \_\_\_\_\_

• Church and Date of First Communion: \_\_\_\_\_

City, State of First Communion: \_\_\_\_\_

List any Students Special Needs, Diet, Allergies, and Disabilities?  
\_\_\_\_\_

**3<sup>rd</sup> Student's Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student's Grade at School: \_\_\_\_\_ Student's Grade for RE: \_\_\_\_\_

• Student's Birth date: \_\_\_\_\_

Student's Place of Birth, City, State, Country:  
\_\_\_\_\_

• Church and Date of Baptism \_\_\_\_\_

City, State of Baptism: \_\_\_\_\_

• Church and Date of First Communion: \_\_\_\_\_

City, State of First Communion: \_\_\_\_\_

List any Students Special Needs, Diet, Allergies, and Disabilities?  
\_\_\_\_\_

**4<sup>th</sup> Student's Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student's Grade at School: \_\_\_\_\_ Student's Grade for RE: \_\_\_\_\_

• Student's Birth date: \_\_\_\_\_

Student's Place of Birth, City, State, Country:  
\_\_\_\_\_

• Church and Date of Baptism \_\_\_\_\_

City, State of Baptism: \_\_\_\_\_

• Church and Date of First Communion: \_\_\_\_\_

City, State of First Communion: \_\_\_\_\_

List any Students Special Needs, Diet, Allergies, and Disabilities?  
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