

FAMILY \_\_\_\_\_

REGISTRATION DATE: \_\_\_\_\_

Please give the name of an emergency contact: \_\_\_\_\_

Phone Number of emergency contact and relationship to family: \_\_\_\_\_

**FATHER**

**MOTHER**

Last Name \_\_\_\_\_ Religion \_\_\_\_\_ Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

First Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**STUDENT INFORMATION**

Name	Sex	Grade in Sept.	D.O.B.	Bapt.	Eucharist
1. _____					
2. _____					
3. _____					
4. _____					

- Name of Church (+ city) your child/children were Baptized at: \_\_\_\_\_

Parish	Address	City	State	Ph. #
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Registration Fee: \_\_\_\_\_ Checks made payable to St. Sabina Parish \_\_\_\_\_ Office Use Only \_\_\_\_\_

\$60.00 first child \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Amt. Pd. \_\_\_\_\_ Balance due: \_\_\_\_\_

\$70.00 for two children

\$100.00 for 3 or more children

Person/persons to whom the child/children **cannot** be released to: \_\_\_\_\_