St. Angela Merici

Parish School of Religion

Registration 2011-12

Child's Legal Name: _____
First Name Middle Name Last Name

Gender: _____ Nickname: _____ Religion: _____

Birth date: _____ Grade in '11/12: _____ School: _____

Primary Contact for Child:

Head Name: _____ Religion: _____
First Name Middle Name Last Name Suffix

Email: _____
Individual Family

Spouse Name: _____ Religion: _____
First Name Middle Name Last Name Suffix

Email: _____
Individual Family

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Are you a registered member of St. Angela Merici Parish? _____ If you are not currently registered, please call the Religious Education secretary at 440-333-2133.

Secondary Family Information

Please list any family information that would be helpful (e.g.: parents divorced/separated, deceased, remarried, children with adult other than parent, etc.)

_____

_____

If step-parent, please provide name and religion: _____

If mail should also go to non-custodial parent, please provide name and address:

_____

We do our best to meet the needs of every child in our program. Please list any information that would be helpful to us in understanding you child (e.g.: special needs, learning or medical problems):

_____

_____

OVER ➔