

**ST. MARTHA'S PARISH COMMUNITY RELIGIOUS EDUCATION PROGRAM
REGISTRATION INFORMATION FOR 2009-2010**

Please complete the information below and return it with your registration fee. The registration fee is \$30.00 for the first child or \$50.00 for two or more children. Please make the check payable to St. Martha Catholic Church. (Scholarships are available)

PARENT(S)/GUARDIAN(S) NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ **WORK PHONE** _____

CELLULAR PHONE _____ **EMAIL ADDRESS** _____

PRIMARY CONTACT PERSON _____

RELATIONSHIP TO STUDENT _____ **PHONE** _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP TO STUDENT _____ **PHONE** _____

NAME OF CHILD: _____ **D.O.B.** _____

GRADE ENTERING: _____ **SCHOOL:** _____

BAPTISM: Yes No **PENANCE:** Yes No **CONFIRMATION:** Yes No

EUCARIST: Yes No **NOTES:** _____

NAME OF CHILD: _____ **D.O.B.** _____

GRADE ENTERING: _____ **SCHOOL:** _____

BAPTISM: Yes No **PENANCE:** Yes No **CONFIRMATION:** Yes No

EUCARIST: Yes No **NOTES:** _____

NAME OF CHILD: _____ **D.O.B.** _____

GRADE ENTERING: _____ **SCHOOL:** _____

BAPTISM: Yes No **PENANCE:** Yes No **CONFIRMATION:** Yes No

EUCARIST: Yes No **NOTES:** _____

NAME OF CHILD: _____ **D.O.B.** _____

GRADE ENTERING: _____ **SCHOOL:** _____

BAPTISM: Yes No **PENANCE:** Yes No **CONFIRMATION:** Yes No

EUCARIST: Yes No **NOTES:** _____

COMMENTS _____

SPECIAL NEEDS _____

MEDICATION (HEALTH CONDITION) _____