

St. Athanasius Religious Education Office
New Family Registration Form
2009-2010

Family ID # _____

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Today's Date: _____

Student Name:

Last Name: _____
First Name: _____
Middle Name: _____
Nickname: _____

Personal:

Grade _____ Gender: _____
Language _____ Birthdate: _____
Ethnicity _____
Religion _____
School _____

Sacraments:

Birthplace: _____ Father _____
Mother: _____
Mother's Maiden Name: _____

Baptism:

Date: _____
Performed by: _____
Church Name: _____
Church Location: _____

First Communion:

Date: _____
Performed by: _____
Church Name: _____
Church Location: _____

Reconciliation:

Date: _____
Performed by: _____
Church Name: _____
Church Location: _____

Confirmation:

Name: _____
Date: _____
Performed by: _____
Church Name: _____
Church Location: _____

Family ID # _____

Family Name: _____

Head of Household (Male):

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Head of Household (Female):

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Family Information:

Registered: _____

Family Status: _____

Street (Mailing) Address: _____

Apt. or Unit #: _____

City/State/Zip: _____

Phone No.: _____

Work Phone _____

Cell Phone #1 _____

Cell Phone #2 _____

Email Address: _____

Send email whenever possible? _____

Yes/No

Emergency Contact/Birth Parent Information:

Send Courtesy Copies? Yes/No

If the child does not live with both birth parents, please include birth parent information:

Name: _____

Relationship: _____

Address: _____

Apt. or Unit #: _____

City/State/Zip: _____

Marital Status: _____

Religion: _____

Phone No.: _____

Work Phone _____

Cell Phone _____

Email Address: _____

Send email whenever possible? _____

Yes/No

Family ID # _____

Family Name: _____

Father:

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Personal:

Relationship: _____

Type: _____

Grade/Degree: _____

Gender: _____

Marital Status _____

Birthdate: _____

Language: _____

Ethnicity _____

Religion: _____

School: _____

Occupation: _____

Location: _____

Phone No.: _____

Work Phone _____

Cell Phone #1 _____

Cell Phone #2 _____

Email Address: _____

Send email whenever possible?

Yes/No

Mother:

Last Name: _____

First Name: _____

Title: _____

Suffix: _____

Personal:

Relationship: _____

Type: _____

Grade/Degree: _____

Gender: _____

Marital Status _____

Birthdate: _____

Language: _____

Ethnicity _____

Religion: _____

School: _____

Occupation: _____

Location: _____

Phone No.: _____

Work Phone _____

Cell Phone #1 _____

Cell Phone #2 _____

Email Address: _____

Send email whenever possible?

Yes/No