



Basilica of St. Mary of the Assumption  
 RELIGIOUS EDUCATION OFFICE  
 740.516.9270 • basilicasdre@gmail.com

**2017-2018**  
**REGISTRATION FORM B**  
 (for students  
 NOT enrolled last year)

Please complete **ONE FORM FOR EACH STUDENT:**

{ PLEASE PRINT CLEARLY }

STUDENT'S LAST NAME	FIRST NAME	MIDDLE		MALE <input type="checkbox"/>
				FEMALE <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
DATE OF BIRTH	SCHOOL ATTENDING AT PRESENT	GRADE		
HOME PHONE	FAMILY EMAIL ADDRESS			

Please check here if there any medical needs or learning needs that the teacher should be aware of :

Last year did the student attend a Catholic School or a Religious Education Classes at another Catholic Church?

Yes  No If yes: \_\_\_\_\_

NAME OF SCHOOL/CHURCH	CITY	STATE
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**FAMILY RECORD:**

FATHER'S LAST NAME	FIRST NAME	MIDDLE		LIVING <input type="checkbox"/>
				DECEASED <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
RELIGION	BUSINESS PHONE			
MOTHER'S LAST NAME	FIRST NAME	MIDDLE		LIVING <input type="checkbox"/>
				DECEASED <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP	
RELIGION	BUSINESS PHONE			

Please list the first names of other children in the family: \_\_\_\_\_

Total # of family members attending CCD: \_\_\_\_\_ Is the family registered at St. Mary?  Yes  No  Unsure

**SACRAMENTAL RECORD:** *Sacramental records are extremely important in the Church.*

SACRAMENT	RECEIVED YET?		YEAR	CHURCH	CITY & STATE
BAPTISM	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
PENANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
EUCCHARIST	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
CONFIRMATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

NOTICE: Students who were **NOT** baptized at St. Mary Basilica need to submit a copy of their baptismal certificate.

**EMERGENCY CONTACTS:**

(1) NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_  
 CHECK ONE:  Mother  Father  Stepparent  Other: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_  
 CHECK ONE:  Mother  Father  Stepparent  Other: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION:**

I, \_\_\_\_\_ give my permission for my child \_\_\_\_\_  
 to receive medical attention if necessary. Please contact Dr. \_\_\_\_\_ (physician)  
 or Dr. \_\_\_\_\_ (dentist) and use \_\_\_\_\_ (hospital)  
 if necessary.

\_\_\_\_\_  
 Signature of parent or guardian Please print name  
Date

Please indicate any facts concerning the **CHILD'S MEDICAL HISTORY**, including **allergies, medications** being taken, and any **physical impairments** to which a *physician should be alerted in an emergency situation*:

Please check here if you can **help** with some of our **activities** this year. Name: \_\_\_\_\_

Please check here if you are a **catechist** or **teaching assistant**.

PLEASE NOTE: To cover the cost of the program, the fee for this year is **\$30 per student**. (Please contact the DRE if financial assistance is needed. No one will be turned away from an inability to pay the fee.) Please make checks payable to **St. Mary Basilica**.

**- OFFICE USE ONLY -**

Fee paid:  Yes  No  
 Cash  Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Permission forms completed:  1<sup>st</sup> Sem.  2<sup>nd</sup> Sem.  
 Registration volunteer: \_\_\_\_\_

**\*\*\* PLEASE REGISTER BEFORE SEPTEMBER 1<sup>st</sup> \*\*\***