St. Agatha Catholic Church
REGISTRATION FORM

CHILD´S INFORMATION

Name of Child:_____Age:_____

Home Address of Child:_____Apt#_____

City:_____State:_____Zip:_____

Date of Child's Birth:_____Place of Child's Birth:_____

School:_____Grade_____

BAPTISM: Yes_____   No _____Baptism Certificate on file: Yes_____No _____

Date:_____Church:_____

FIRST COMMUNION: Yes_____   No _____

Date:_____ Church:_____

PARENTAL INFORMATION:

Father's name:_____Religion of the Father:_____

Mother's Maiden name:_____Religion of the Mother:_____

Telephone: (Cell)_____E-mail _____

Parents are married in the Church: Yes___ No___ Divorced ( ), Other_____

Student lives with Father and Mother ( ), Father only ( ), Mother only ( ), Legal Guardian ( )

Step-Father ( ), Step-Mother ( ) Other_____

What Catholic Church do you attend?   _____

Emergency Contact:_____Telephone _____

Parent/Guardian Signature:_____

FOR OFFICIAL USE ONLY:

	School Year	Age	Registered	Parents/Initials	Payment
Beginners	_____	( )	_____	_____	_____
Pre-Communion	_____	( )	_____	_____	_____
Communion	_____	( )	_____	_____	_____
Post-Communion	_____	( )	_____	_____	_____
Pre-Confirmation	_____	( )	_____	_____	_____
Confirmation	_____	( )	_____	_____	_____

FEE: $125 per Child
You may pay with cash or Credit Card or Check
Please make check payable to St. Agatha