



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: \$150.00 per Child

You may pay with cash or Credit Card or Check
Please make check payable to St. Agatha Catholic Church