

Church of St. Mark
Office of Religious Education
942-3231

New Student Registration Form

Family Name _____

Address _____

Phone Number _____

Child's Name _____

Date of Birth _____ **School** _____ **Grade** _____

Notification in case of Emergency: Name _____

Relationship _____

Telephone _____

Allergies _____

Sacraments

Baptism: Date _____ **Church** _____

(Baptism Record MUST be submitted at time of registration)

First Communion: Date _____ **Church** _____

Date

Signature of Parent or Guardian

Please return this form with \$25.00 registration fee to the Religious Education Office.

All families must be registered with St. Mark's to be accepted into the program.