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

New Student Registration Form

Family Name_____

Father's Name _____

Mother's Name_____ **Maiden Name**_____

Address _____

Phone Number_____ **E-Mail**_____

Child's Name_____

Date of Birth_____ **School**_____ **Grade**_____

Notification in case of Emergency: **Name**_____
Relationship_____
Telephone_____

Allergies_____

Sacraments

Baptism: Date_____ **Church** _____
Address _____

Baptism Record MUST be submitted at time of registration, unless baptized here at St. Mark's

First Communion: Date_____ **Church** _____
Address _____

_____ _____
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.