**Holy Name of Mary, Maplewood**

*Religious Education Registration*

Coordinator: June Gordon 920-746-0431

Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Is your family registered with Holy Name of Mary? Yes No I want to learn more

If not, do you belong to another church? If yes, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #1:**

Full Name (First/MI/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Allergies/Medications/Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_

Address is the same as parents: Yes No If no, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorced or separated household: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #2:**

Full Name (First/MI/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Allergies/Medications/Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_

Address is the same as parents: Yes No If no, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorced or separated household: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more students, ask for another page.

(OVER)

Parent Information

**Father Mother Guardian**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact for the student: Yes No

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_ Confirmation \_\_\_\_\_\_\_\_\_

**Father Mother Guardian**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact for the student: Yes No

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_ Confirmation \_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special note for those receiving 1st Communion: We will need a copy of your baptismal certificate if you were not baptized at Holy Name of Mary before 1st Communion.

If you have any questions, feel free to contact the Religious Education Coordinator (listed on front) or the Parish office 920-856-6440 or email office@holynameofmary.church.

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #3:**

Full Name (First/MI/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Allergies/Medications/Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_

Address is the same as parents: Yes No If no, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorced or separated household: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #4:**

Full Name (First/MI/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Allergies/Medications/Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_

Address is the same as parents: Yes No If no, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorced or separated household: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT #4:**

Full Name (First/MI/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 2023-2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs/Allergies/Medications/Etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacraments Received: Baptism \_\_\_\_\_\_\_ 1st Communion \_\_\_\_\_\_\_\_

Address is the same as parents: Yes No If no, please list here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Divorced or separated household: Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_