

Holy Name of Mary, Maplewood

Religious Education Registration

Coordinator: June Gordon 920-746-0431

Date: ____/____/____

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: ____/____/____ Age: _____

Current School: _____ Grade for 2024-2025: _____

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: ____/____/____ Age: _____

Current School: _____ Grade for 2024-2025: _____

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

Father Mother Guardian

Full Name: _____

Mailing Address: _____

Cell Phone: _____ Home/Work Phone: _____

Email Address: _____

Primary Contact for the student: Yes No

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@holynamenameofmary.church.

Parent name _____

STUDENT #3:

Full Name (First/MI/Last): _____

Male Female Date of Birth: ___/___/___ Age: _____

Current School: _____ Grade for 2024-2025: _____

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: ___/___/___ Age: _____

Current School: _____ Grade for 2024-2025: _____

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: ___/___/___ Age: _____

Current School: _____ Grade for 2024-2025: _____

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 _____