

P.#2 must be completed for each child separately.

Complete Form. Print clearly. For first time registrations, please bring a copy of each child's Baptismal Certificate.

Family Name: _____

Child's Full Name (First, Middle, & Last): _____

Date of Birth: _____

Sex: Male Female

Grade Level (September 2024) _____

Name of Day School: _____

Baptism Date: _____ Parish/Town: _____

First Penance Date: _____ Parish/Town: _____

First Communion Date: _____ Parish/Town: _____

Ethnicity: Hispanic/Latino Non- Hispanic/Latino

Race: (Please choose only one) American Indian/Native Alaskan Native Hawaiian/Pacific Islander
 Asian White
 Black/African America Two or more races
 Other Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes No

Prescribed Medications Yes No

Learning Support Services or *Disability Yes No

Please complete information here or add any other information about your child that should be communicated?

