

**St. Mary Help of Christians Religious Education  
Family Registration Form**

**Family Registration**

Family ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Family Name \_\_\_\_\_  
Head: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: Dr. Mr. Mrs. Ms. Miss  
Spouse: Last: \_\_\_\_\_ First: \_\_\_\_\_ Title: Dr. Mr. Mrs. Ms. Miss  
Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Parish Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home/Office/Cell/Other (circle one) Unlisted? Yes/No  
Phone: \_\_\_\_\_ Home/Office/Cell/Other (circle one) Unlisted? Yes/No  
Email: \_\_\_\_\_

**Custodial Parent/Guardian Registration for: \_\_\_\_\_**

**Father's Name and Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Grade/Degree: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Language: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home/Office/Cell/Other (circle one) Unlisted? Yes/No  
Email: \_\_\_\_\_

**Mother's Name and Personal Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Grade/Degree: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Language: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home/Office/Cell/Other (circle one) Unlisted? Yes/No  
Email: \_\_\_\_\_

Interested in Volunteering\* for (circle): Teacher Aide Chaperone Snacks  
\*Must be VIRTUS trained. Date trained: \_\_\_\_\_

**Birth Parent Information**

(If a child does not live with both birth parents, also include birth parent information.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Send Courtesy Copies?: \_\_\_\_\_ Email: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home / Office / Cell / Other (circle one) Unlisted? Yes / No  
Notes: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home / Office / Cell / Other (circle one) Unlisted? Yes / No  
Notes: \_\_\_\_\_