

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

**Student Name**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Language: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sunday School Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home/Cell/Other (circle one)  
Email: \_\_\_\_\_ Send Email? \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Birth Father: \_\_\_\_\_ Birth Mother: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Special Needs: \_\_\_\_\_

**Sacraments**

Baptism: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Status: Yes / No  
Religion: \_\_\_\_\_ Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

First Communion: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Status: Yes / No  
Religion: \_\_\_\_\_ Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Confirmation: Name: \_\_\_\_\_ Date: \_\_\_\_\_ Status: Yes / No  
Religion: \_\_\_\_\_ Church Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_ Check      Cash      Date: \_\_\_\_\_  
Baptized in another faith? Y N  
Did you make a Profession of Faith? Y N      Where: \_\_\_\_\_ Sacraments  
Needed: B    FP    E    Conf    Other \_\_\_\_\_  
Family Status circle one:      Active      Inactive  
Comments: \_\_\_\_\_