

# **New Student Registration Form**

## *St. Damian Church*

Faith Formation Program for Kindergarten through Grade 8  
New Student Registration for Catholic Religion Classes

Full Legal Name of Student: \_\_\_\_\_ **Grade Student is Entering** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Dietary or Medical Needs, etc. that a classroom teacher or DRE would need to know: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Address and Phone (if different from child's) \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Address and Phone (if different from child's) \_\_\_\_\_

Date of Child's Birth \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Church of Child's Baptism: \_\_\_\_\_

City and State: \_\_\_\_\_

--Has the child received First Communion? \_\_\_\_\_ If Yes, Name of Church \_\_\_\_\_

City or State \_\_\_\_\_

--Has the child been Confirmed? \_\_\_\_\_ If yes, Name of Church: \_\_\_\_\_

City and State: \_\_\_\_\_

How many years has this child faithfully attended Catholic Religious Instructions? \_\_\_\_\_

Name the place(s) where the instruction was received:

St. Damian, Damiansville, IL \_\_\_\_\_ Yes \_\_\_\_\_ No

Other: \_\_\_\_\_

Parish Name	City, State	Years
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**Records: For New Students: If you were baptized in a Church other than St. Damian, a copy of the Baptismal Record must be presented to the parish office.**

Fee: \$50.00 per student or \$100.00 family maximum— Payable to St. Damian Church

Fee: Attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

Included with another immediate family member? \_\_\_\_\_ Yes \_\_\_\_\_ No