



St. Margaret's Faith Formation Program

Student Information Form (Please Print)

Registration Fee \$50.00 per child \$100.00 maximum per family.

Checks made payable to St. Margaret's Church

Student's Full Name = _____
(First – Middle – Last)

Student's date of birth = _____
(Month / Day / Year)

Mother's Name _____
(First / Middle / Maiden Last name)

Father's Name = _____
(First / Middle / Last)

Grade entering in September = _____

Address = _____
Street or P.O. Box #

(Town / State / Zip code)

E – Mail = _____

Home Phone #: _____

**** Parent / Guardian Cell Phone Numbers (at least 2 for Emergency Contact) ****

Phone # _____ Name of Contact = _____

Phone # _____ Name of contact = _____

Baptism Date: _____ (Month / Day/ Year)

Parish Baptized at: _____
Parish Name, Town, State

For all new students to our program you must provide documentation for Baptism/First Communion. A photocopy of a parish issued certificate is preferred.

If your child is transferring into our program from another Parish program we ask that you get a letter from the previous Parish stating the last grade level completed.

Medical Emergency Information

Physician or source of Health Care: Please print doctors name, address and phone #

Medications, Allergies, Chronic Health conditions:

Please list any Special instructions:

As the Parent / Guardian of _____,
I release St. Margaret's Parish and the Faith Formation program from any liability due to accident or injury that may occur during any normal group related events, classes or activities that are not the result of neglect. I hereby grant permission to administer Basic First Aid and / or C.P.R to my child and permission to take my child to a hospital and to secure medical treatment when I can not be reached or when delay would be dangerous to my child's health.

Parent / Guardian signature: _____