

St. Margaret Mary Religious Education
Family Registration Form

Family Registration					
Family ID #:		Today's Date: ____/____/____			
Family Name: Head: Last: _____ First: _____ Title: _____ Suffix: _____ Spouse: Last: _____ First: _____ Title: _____ Name formats used in mailings: Mailing Name: _____ Informal Salutation: _____ Formal: _____					
Street Address Line 1: _____		Street City/State: _____			
Street Address Line 2: _____		Street Zip: _____			
Geo. Area Number: _____		Registered: _____		Family Status: _____	
Phone: _____		Description: Home/Office/Cell/Other		Unlisted? Yes/No	
Phone: _____		Description: Home/Office/Cell/Other		Unlisted? Yes/No	
Email: _____		Send Email? _____		Parish: _____	
Mailing Address: (if different)		Line 1: _____		City/State: _____	
		Line 2: _____		Zip: _____	
Alternate Address:				Send mail to alternate address? <u>No</u>	
Line 1: _____		City/State: _____			
Line 2: _____		Zip: _____			
Email: _____		Send to Email instead of mail when possible? _____			
Date range you expect to be at this address: _____					
Alternate Address Remarks: _____					
Parent/Guardian Registration for: _____ for family: _____					
Parent Name: Last Name: _____ First Name: _____ Maiden Name: _____ Middle: _____ Title: _____ Suffix: _____ Nickname: _____ Name formats used in mailings: Mailing Name: _____ Informal Salutation: _____ Formal Salutation: _____					
Personal Information:		Relationship: _____		Type: _____	
Grade/Degree: _____		Gender: _____		Marital Status: _____	
Language: _____		Ethnicity: _____		Birthdate: _____	
Religion: _____		School: _____		Occupation: _____	
Location: _____					
Phone: _____		Type: _____		Unl: Y/N	
Email: _____		Type: _____		Prefer Email? Y/N	
Interested in Volunteering for: _____					
Parent Name:					
Last Name: _____		First Name: _____		Maiden Name: _____	
Middle: _____		Title: _____		Suffix: _____	
Nickname: _____					
Name formats used in mailings:		Mailing Name: _____			
Informal Salutation: _____		Formal Salutation: _____			
Personal Information:		Relationship: _____		Type: _____	
Grade/Degree: _____		Gender: _____		Marital Status: _____	
Language: _____		Ethnicity: _____		Birthdate: _____	
Religion: _____		School: _____		Occupation: _____	
Location: _____					
Phone: _____		Type: _____		Unl: Y/N	
Email: _____		Type: _____		Prefer Email? Y/N	
Interested in Volunteering for: _____					

**St. Margaret Mary Religious Education
Family Registration Form**

Student Registration for: _____		for family: _____	
Student Name:		Formation ID: _____	
Last Name: _____	First Name: _____	Maiden Name: _____	
Middle: _____	Title: _____	Suffix: _____	
Nickname: _____			
Name formats used in mailings:		Mailing Name: _____	
Informal Salutation: _____	Formal Salutation: _____		
Class: _____	Room: _____	Times: _____	Days: _____
Personal Information:		Relationship: _____	
Grade: _____	Gender: _____	Type: _____	
Language: _____	Ethnicity: _____	Marital Status: _____	
Religion: _____	School: _____	Birthdate: _____	
Location: _____		Occupation: _____	
Phone: _____	Type: _____	Unl: Y/N	Email: _____
			Type: _____
			Prefer Email? Y/N
Birthplace: _____			
Father: _____		Mother: _____	
		Maiden Name: _____	
Baptism:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Sponsor: _____		Church Address: _____	
Sponsor: _____		City/State/Zip _____	
1st Comm:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Sponsor: _____		Church Address: _____	
Sponsor: _____		City/State/Zip _____	
Penance:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Sponsor: _____		Church Address: _____	
Sponsor: _____		City/State/Zip _____	
Confirm:	Name/Extra Info: _____	Date: _____	Status: <u>Approx. / Yes / No</u>
Performed by: _____		Church Name: _____	
Sponsor: _____		Church Address: _____	
Sponsor: _____		City/State/Zip _____	
Emergency Contact/ 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: _____	Prefer Email? _____	
Marital Status: _____	Religion: _____		
Notes: _____			
Phone: _____	Type: Home/Office/Cell	Unl? _____	Phone: _____
			Type: Home/Office/Cell
			Unl? _____
Name: _____	Relationship: _____		
Address: _____	City/State: _____	Zip: _____	
Send Courtesy Copies? _____	Email: _____	Prefer Email? _____	
Marital Status: _____	Religion: _____		
Notes: _____			
Phone: _____	Type: Home/Office/Cell	Unl? _____	Phone: _____
			Type: Home/Office/Cell
			Unl? _____