

CHURCH OF THE GUARDIAN ANGEL

Religious Formation Office

Tel. No. (201) 327-0352

REGISTRATION FORM

(Please PRINT all information)

CHILD'S INFORMATION

Child's

Name: _____
Last First Middle

Address: _____

Birth Date: _____ Birth Place _____

School Presently Attending: _____ Grade in September _____

Are there any medical problems or learning disabilities? (Y/N) ____ If yes, please explain on back.

Emergency Contact:

Name: _____

Telephone Number: _____

Relationship of Contact to the Student: _____

Child lives with: ____ both parents ____ mother ____ father guardian ____

FAMILY INFORMATION

Family Last Name (if different than child's last name) _____

Home Telephone No. _____ Work Telephone No. _____

Cell Phone No _____ E-Mail _____

Best time and day of week to reach you: _____

Father's Name: _____ Religion _____

Mother's First Name & Maiden Name: _____ Religion _____

Is the family registered in the parish? (Y/N) ____

If a language other than English is spoken at home, what language is it? _____

REGISTRATION INFORMATION

For office use only. Do not complete this Section.

Children's Church 1	Children's Church 2	Grade 1	Grade 2	Grade 3
Date reg'd	Date reg'd	Date reg'd	Date reg'd	Date reg'd
Tuition amt	Tuition amt	Tuition amt	Tuition amt	Tuition amt
Date paid	Date paid	Date paid	Date paid	Date paid
Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Date reg'd	Date reg'd	Date reg'd	Date reg'd	Date reg'd
Tuition amt	Tuition amt	Tuition amt	Tuition amt	Tuition amt
Date paid	Date paid	Date paid	Date paid	Date paid

