

**St. Martin of Tours / St. Monica ~ Parish Schools of Religion
2016-2017**

Child's Name: _____ Grade: _____
First Middle Last 2014-15

Date of Birth: _____ Place of Birth: _____
Month Day year City State

Address: _____ Home phone: _____

Mother: _____ Cell phone: _____
First Middle Maiden

Father: _____ Cell phone: _____
First Middle Last

Child lives with:
___ Mother Mother's email: _____
___ Father Father's email: _____
___ Other Name & relationship to child: _____

Parish in which family is registered: _____

BAPTISM: _____
Date Church City, State

COMMUNION: _____
Date Church City, State

Allergies, medications, disabilities, etc.: *Please explain* _____

