

*St. Sebastian Church, Religious Education Program
67 Cole Avenue, Providence, RI 02906
Religious Education Office: 272-6062 ~ msmarie06.stseb@gmail.com*

2017-2018
NEW STUDENT REGISTRATION FORM

DATE _____

PARENTS NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ HOME ADDRESS: _____

CHILD'S FULL NAME	AGE	SCHOOL AND GRADE AS OF SEPTEMBER 10, 2017
1. _____		
2. _____		
3. _____		
4. _____		

DATE AND PLACE OF BIRTH _____

DID YOUR CHILD ATTEND RELIGIOUS EDUCATION CLASSES DURING THE PAST SCHOOL YEAR?
IF YES, NAME OF SCHOOL OR PARISH _____

ARE THERE ANY ISSUES REGARDING YOUR CHILD OF WHICH WE SHOULD BE MADE AWARE?
EXAMPLES ARE: ALLERGIES, LEARNING DISABILITIES, AND HEALTH PROBLEMS.

IN CASE OF EMERGENCY CONTACT: _____

STUDENT SACRAMENTAL RECORD

PLEASE PROVIDE A SACRAMENTAL BAPTISMAL CERTIFICATE. (IF BAPTIZED AT ST. SEBASTIAN, NO CERTIFICATE IS NECESSARY.)

	DATE	CHURCH
BAPTISM:	_____	_____

FIRST COMMUNION: _____

(TURN PAGE FOR FURTHER INFORMATION)

FAMILY INFORMATION

FATHER'S NAME: _____

ADDRESS: _____

PHONE: _____ RELIGION _____

MOTHER'S NAME: _____

ADDRESS: _____

PHONE: _____ RELIGION _____

CORRESPONDENCE REGARDING RELIGIOUS EDUCATION SHOULD BE EMAILED TO:

FATHER _____ MOTHER _____ BOTH _____ EMAIL ADDRESS: _____

All families of Religious Education students must be active, supportive, registered parishioners.

Please complete your family's registration form found on our website stsebastianri.org under of Parish Info and return it with your completed Religious Ed registration form and registration fee to Ms. Marie.

Please sign here that you understand and agree with this requirement.

REGISTRATION FEE: \$30 PER CHILD