

St. Charles Borromeo Church
Student Registration Form

Student Registration: _____															
Family ID #:	Today's Date: ____/____/____														
Family Name:	Head of Household: Last Name: _____ First Name: _____ Title: _____ Suffix: _____	Spouse: Last Name: _____ First Name: _____ Title: _____													
Family Info:	Registered: ____ / ____ / ____ Family Status: _____ Street Address Line 1: _____ Street Address Line 2: _____ Street City/State: _____ Street Zip: _____ Geo. Area Number: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; border-bottom: 1px solid black;">Phone Number</th> <th style="width: 40%; border-bottom: 1px solid black;">Description</th> <th style="width: 30%; border-bottom: 1px solid black;">Unlisted?</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Home/Office/Cell/Other</td> <td style="border-bottom: 1px solid black;">Yes/No</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Home/Office/Cell/Other</td> <td style="border-bottom: 1px solid black;">Yes/No</td> </tr> </tbody> </table> Email: _____ Send Email when possible? _____ Parish: _____			Phone Number	Description	Unlisted?		Home/Office/Cell/Other	Yes/No		Home/Office/Cell/Other	Yes/No			
Phone Number	Description	Unlisted?													
	Home/Office/Cell/Other	Yes/No													
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Mailing Addr.: (if different than street):	Mailing Address Line 1: _____ Mailing Address Line 2: _____ Mailing City/State: _____ Mailing Zip: _____														
Siblings in Religious Formation:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name: _____</td> <td style="width: 20%; border-bottom: 1px solid black;">Grade: _____</td> <td style="width: 40%; border-bottom: 1px solid black;">Session: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name: _____</td> <td style="border-bottom: 1px solid black;">Grade: _____</td> <td style="border-bottom: 1px solid black;">Session: _____</td> </tr> </table>			Name: _____	Grade: _____	Session: _____	Name: _____	Grade: _____	Session: _____						
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Student Name:	Last Name: _____ First Name: _____ Middle: _____ Nickname: _____ Title: _____ Suffix: _____														
Classes:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Class: _____</td> <td style="width: 20%; border-bottom: 1px solid black;">Room: _____</td> <td style="width: 20%; border-bottom: 1px solid black;">Times: _____</td> <td style="width: 30%; border-bottom: 1px solid black;">Days: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Class: _____</td> <td style="border-bottom: 1px solid black;">Room: _____</td> <td style="border-bottom: 1px solid black;">Times: _____</td> <td style="border-bottom: 1px solid black;">Days: _____</td> </tr> </table>			Class: _____	Room: _____	Times: _____	Days: _____	Class: _____	Room: _____	Times: _____	Days: _____				
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Personal:	Relationship: _____ Type: _____ Grade: _____ Gender: _____ Language: _____ Birthdate: _____ Ethnicity: _____ Location: _____														
Phone/Email:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Phone: _____</td> <td style="width: 20%; border-bottom: 1px solid black;">Type: _____</td> <td style="width: 20%; border-bottom: 1px solid black;">Home/Office/Cell/Other: _____</td> <td style="width: 30%; border-bottom: 1px solid black;">Unlisted? _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Phone: _____</td> <td style="border-bottom: 1px solid black;">Type: _____</td> <td style="border-bottom: 1px solid black;">Home/Office/Cell/Other: _____</td> <td style="border-bottom: 1px solid black;">Unlisted? _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Email: _____</td> <td style="border-bottom: 1px solid black;">Type: _____</td> <td style="border-bottom: 1px solid black;">Home/Office/Other: _____</td> <td style="border-bottom: 1px solid black;">Prefer Email? _____</td> </tr> </table>			Phone: _____	Type: _____	Home/Office/Cell/Other: _____	Unlisted? _____	Phone: _____	Type: _____	Home/Office/Cell/Other: _____	Unlisted? _____	Email: _____	Type: _____	Home/Office/Other: _____	Prefer Email? _____
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Phone: _____	Type: _____	Home/Office/Cell/Other: _____	Unlisted? _____												
Email: _____	Type: _____	Home/Office/Other: _____	Prefer Email? _____												
Remarks:															

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Sacraments:	Birthplace: _____ _____	Father: _____ Mother: _____ Mother's Maiden Name: _____
	Baptism:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____
	1st Comm:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____
	Confirm:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____
	Marriage:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____
	Penance::	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____

Emergency Contact/ Birth Parent Information:	Name: _____	
	Relationship: _____	Send Courtesy Copies? _____
	Address: _____	
	City/State: _____	Zip: _____
	Prefer Email? _____	Email: _____
	Marital Status: _____	Notes: _____
	Religion: _____	
	Phones: _____	Type: Home/Office/Cell/Other: _____ Unlisted? _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____