

Maternity B.V.M. School Registration Form

2017-2018

Last Name of Family \_\_\_\_\_  
Last Name of Children (if different) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone \_\_\_\_\_  
Country of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
Email address: \_\_\_\_\_  
Religion of Parents: Mom \_\_\_\_\_  
Dad \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work phone \_\_\_\_\_  
Country of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_  
Email address: \_\_\_\_\_

Children live with: \_\_\_ Both parents \_\_\_ Mom \_\_\_ Dad

Marital status of Parents: \_\_\_ single \_\_\_ married \_\_\_ divorced

Name of Stepparents or Guardians

1. \_\_\_\_\_
2. \_\_\_\_\_

**Parental Commitment:**

I have enrolled my child(ren) at Maternity BVM School with the understanding that I will cooperate fully with the School Policies stated in the Student/Parent Handbook. I will show support by attending parent conferences and meetings that pertain to my child(ren). I further understand that my child(ren) will receive instruction in the Catholic faith and that he/she is responsible to attend and participate in all school religious functions. I will attempt to clarify any obvious differences in the practice of faith or in belief.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

School Use Only:

Baptismal Certificate verified: \_\_\_\_\_

Immunizations verified: \_\_\_\_\_

Birth Certificate verified: \_\_\_\_\_

By: \_\_\_\_\_

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Grade	Child's Full Name	Gender	Date of Birth	Country of Birth	Race	Religion	Previous school attended
Pre-K ½ day							
Pre-K Full day							
K							
1							
2							
3							
4							
5							
6							
7							
8							

Sacramental Records: List Date and Parish where Sacrament was received

Child	Baptism	Reconciliation	First Holy Communion	Confirmation