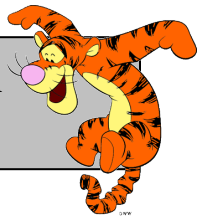




2016-2017 St. Raymond's Co-op Sunday School Program 9:00 am Mass ~ Registration Form



Our Mission: "To Know Christ Better and to Make Him Better Known."

PLEASE PRINT ALL INFORMATION "COMPLETELY"

FAMILY NAME: _____ **HOME PHONE:** () _____

FAMILY E-MAIL: _____

FATHER: _____ **WK #:**() _____ **OCCUPATION:** _____
first middle last optional

MOTHER: _____ **WK #:**() _____ **OCCUPATION:** _____
first middle last (maiden) optional

FATHER CELL:() _____ **MOTHER CELL:**() _____
area code and number area code and number

ADDRESS: _____
street box # or apt. city state zip code

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____
name (other than guardian)

EMERGENCY CONTACT HOME #: _____ **EMERG. CONTACT WORK #:** () _____



FIRST CHILD: _____ **SEX:** _____
first middle last

DATE OF BIRTH: _____ **AGE** _____ **PLACE OF BIRTH:** _____
city state

GRADE ENTERING SEPT. 2016: Pre-School 3yrs. Pre-Kindergarten 4 yrs. Kindergarten 5 yrs.
 (Please check one box)

BAPTIZED? (circle one) No Yes at _____ **Date:** _____

SECOND CHILD: _____ **SEX:** _____
first middle last

DATE OF BIRTH: _____ **AGE** _____ **PLACE OF BIRTH:** _____
city state

GRADE ENTERING SEPT. 2016: Pre-School 3yrs. Pre-Kindergarten 4 yrs. Kindergarten 5 yrs.
 (Please check one box)

BAPTIZED? (circle one) No Yes at _____ **Date:** _____

THIRD CHILD: _____ **SEX:** _____
first middle last

DATE OF BIRTH: _____ **AGE** _____ **PLACE OF BIRTH:** _____
city state

GRADE ENTERING SEPT. 2016: Pre-School 3yrs. Pre-Kindergarten 4 yrs. Kindergarten 5 yrs.
 (Please check one box)

BAPTIZED? (circle one) No Yes at _____ **Date:** _____

