



NEW STUDENT INFORMATION
St. Boniface Religious Education Registration 2026-2027

Student Name: _____ Parish Registration number : _____ Actual Age: _____
Birth date: ____/____/____ Male _____ Female _____ Baptized Roman Catholic: Yes _____ No _____
School: _____ School Grade: _____ (2026-2027)
Birth Father: _____ Birth Mother: _____
First Name Last Name First Name Maiden Name
Religion: _____ Religion: _____ Child lives with:
Both Parents _____ Mother only _____ Father only _____ Other (please explain): _____

Sacrament Received: Please fill in where and when with correct information.

Baptism: _____ Date: ____/____/____
Church Name City and State (Country)
Reconciliation: _____ Date: ____/____/____
Church Name City and State (Country)
1st Communion: _____ Date ____/____/____
Church Name City and State (Country)

PLEASE INDICATE WHICH SESSION IN RELIGIOUS EDUCATION AND SCHOOL GRADE YOUR CHILD WILL ATTEND:

First year of preparation for First Reconciliation and First Communion: _____
Second year of preparation for First Reconciliation and First Communion: _____
Continue Religious Education _____
First year of preparation for confirmation ____ Second year of preparation for confirmation ____
Grade 1 ____ Grade 2 ____ Grade 3 ____ Grade 4 ____ Grade 5 ____ Grade 6 ____ Grade 7 ____ Grade 8 ____

Student Medical Information in Case of Emergency

Physician: _____ Phone: (____) _____
Hospital of choice: _____ Phone: (____) _____
Address: _____

Please indicate special health concerns: _____

I, the undersigned, do hereby authorize officials of Saint Boniface Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold St. Boniface Catholic Church financially responsible for the emergency care and/or transportation for said students.

I, as parent/guardian, and my student agree to abide by the rules and regulations of St. Boniface Religious Education Program.

Parent/Guardian signature: _____ Date: ____/____/____

