



NEW STUDENT INFORMATION
St. Boniface Religious Education Registration 2024-2025

Student Name: \_\_\_\_\_ Actual Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptized Roman Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_
School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (2024-2025)
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: \_\_\_\_/\_\_\_\_/\_\_\_\_



**INFORMACIÓN DEL NUEVO ESTUDIANTE**  
**St. Bonifacio Departamento de Educación Religiosa, Inscripción 2024-2025**

Nombre del estudiante: \_\_\_\_\_ Edad actual: \_\_\_ Genero: Femenino \_\_\_ Masculino \_\_\_  
Fecha de nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fue Bautizado por la Iglesia Católica?: Yes \_\_\_ No \_\_\_  
Colegio: \_\_\_\_\_ School Grade: \_\_\_\_\_ (2024-2025)  
Padre de Nacimiento: \_\_\_\_\_ Madre de Nacimiento: \_\_\_\_\_  
*Nombre y Apellido* *Nombre y apellido de soltera*  
Religion: \_\_\_\_\_ Religion: \_\_\_\_\_  
El niño vive con: Dos padres \_\_\_ Solo la madre \_\_\_ Solo el padre \_\_\_ Otro (explique por favor): \_\_\_\_\_

**Sacramentos Recibidos:** por favor llene donde y cuando con la información correcta.

Bautismo: \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Nombre de la Iglesia** **Ciudad y estado y País**

Reconciliación \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Nombre de la Iglesia** **Ciudad y estado y País**

1st Communion: \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Nombre de la Iglesia** **Ciudad y estado y País**

**POR FAVOR INDIQUE LA SESIÓN EN EDUCACION RELIGIOSA Y EL GRADO ESCOLAR QUE ATENDERÁ**

Primer año de preparación para reconciliación y primera comunión: \_\_\_\_  
Segundo año de preparación para reconciliación y primera comunión: \_\_\_\_  
Continua Religious Education \_\_\_\_

Primer año de preparación de confirmación \_\_\_\_ Segundo año de preparación de confirmación \_\_\_\_  
Grade 1 \_\_\_ Grade 2 \_\_\_ Grade 3 \_\_\_ Grade 4 \_\_\_ Grade 5 \_\_\_ Grade 6 \_\_\_ Grade 7 \_\_\_ Grade 8 \_\_\_

**Información Medica del estudiante en caso de emergencia**

Doctor: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Hospital : \_\_\_\_\_ tel: (\_\_\_\_) \_\_\_\_\_

Dirección: \_\_\_\_\_

Sufre de alguna enfermedad : \_\_\_\_\_

Explique \_\_\_\_\_

Yo, el abajo firmante, autorizo a los funcionarios del Departamento de Educación Religiosa de San Bonifacio a contactar directamente a la persona nombrada en este formulario y autorizo al médico nombrado o a su representante a prestar el tratamiento que se considere necesario en caso de emergencia, para el la salud de dicho estudiante. En caso de que los médicos u otras personas enumeradas en este formulario no puedan ser contactados, se autoriza a los funcionarios del Departamento de Educación Religiosa a tomar las medidas que consideren necesarias a su juicio para la salud del estudiante mencionado. No responsabilizaré financieramente a St. Boniface Catholic Church por la atención de emergencia y / o el transporte de dichos estudiantes.

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_