



**NEW STUDENT INFORMATION**  
**St. Boniface Religious Education Registration 2020-2021**

Student Name: \_\_\_\_\_ Actual Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptized Roman Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_  
 School: \_\_\_\_\_ School Grade: \_\_\_\_\_ (2020-2021)  
 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 AND GRADE YOUR CHILD WILL ATTEND:**

Grade 1 \_\_\_ Grade 2 \_\_\_ Grade 3 \_\_\_ Grade 4 \_\_\_ Grade 5 \_\_\_ Grade 6 \_\_\_ Grade 7 \_\_\_ Grade 8 \_\_\_

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 \_\_\_\_\_

**Student Medical Information**

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

