

Student Name: \_\_\_\_\_

Gender F / M

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Emergency name/number to contact if parents are unavailable:

Date of Birth: \_\_\_\_\_

Home Parish \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Are there any other issues of which we should be aware? (health, medicine, custody, etc.)

\_\_\_\_\_

Church where your child was baptized: \_\_\_\_\_ Date: \_\_\_\_\_

Church where your child received First Holy Communion (if applicable):

\_\_\_\_\_ Date: \_\_\_\_\_

ENROLLING CHILD IN FIRST COMMUNION Class beginning 2<sup>nd</sup> GRADE \_\_\_\_\_

Children in other grades: \_\_\_\_\_

Is WIFI access available to student YES \_\_\_\_\_ NO \_\_\_\_\_

**Photographs and/or videos of minors are taken periodically for use in parish publications. In selecting "Yes" you are acknowledging this and granting permission to use photos and videos of your child and their names in publications and displays. Do you consent? \* \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(first and maiden)

Father's Religion: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email\*\*: \_\_\_\_\_

Email\*\*: \_\_\_\_\_

Is your family registered as members of St. Anthony's Parish: Yes/No

Is your family registered as members of St. Joseph's Parish: Yes/No

**Please mail or return to: St. Joseph's Church, Faith Formation Office, 207 Hayes Avenue, Endicott, NY 13760**

**Registration Check List (Office Use Only):**

- Registration form
- Registration fee: \$25.00 per child \$55 Max per family (Pre K-Grade 7)
- Checks are payable to: **St. Anthony's OR ST. Joseph's Church (pending home parish).**
- Emergency Medical Authorization Form