



SAINT FERDINAND CHURCH  
RELIGIOUS EDUCATION PROGRAM

**STUDENT REGISTRATION FORM 2023-2024**

Please fill out one form for each student. Please PRINT all information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First This Year in Public school

Address \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
Street Apt. # (mm/dd/yyyy)

\_\_\_\_\_ Place of Birth \_\_\_\_\_  
City Zip Code

Home Phone Number \_\_\_\_\_

Public School Attending \_\_\_\_\_  
Name Address

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_

STUDENT LIVES WITH: (circle one) BOTH PARENTS MOTHER FATHER OTHER: \_\_\_\_\_

Are you/your family registered at St. Ferdinand? Yes No If no, where \_\_\_\_\_

Has the student had any previous religious education in another program or Catholic school? \_\_\_\_\_

If yes, please give the name of the program or school and grades attended \_\_\_\_\_

Is there any information which we should know, i.e. medical condition, learning disability, etc.? Please describe on the reverse side.

**Student's Sacramental Record**

Baptism \_\_\_\_\_  
Date Church City

Reconciliation \_\_\_\_\_  
Date Church City

Eucharist \_\_\_\_\_  
Date Church City

Confirmation \_\_\_\_\_  
Date Church City