

FATHER'S FULL NAME: _____

LIVING _____ DECEASED _____

RELIGION: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____

MOTHER'S FULL NAME: _____

LIVING _____ DECEASED _____

RELIGION: _____ OCCUPATION: _____

WORK PHONE: _____ CELL PHONE: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY IF YOU ARE NOT ABLE TO BE CONTACTED:

NAME _____ RELATION TO STUDENT: _____

PHONE NUMBER: _____ CELL PHONE: _____

SACRAMENTAL INFORMATION
(Please provide Complete Information!)

BAPTISM DATE: _____ CHURCH: _____
(Please attach a copy of the Baptismal Certificate to this form if baptized in a Parish other than Saint Albert the Great.)

FIRST PENANCE DATE: _____ CHURCH: _____
(Month/Day/Year)

FIRST COMMUNION DATE: _____ CHURCH: _____
(Month/Day/Year)

CONFIRMATION DATE: _____ CHURCH: _____
(Month/Day/Year)

IF THERE IS ANY OTHER INFORMATION THAT YOU FEEL WE SHOULD BE AWARE OF CONCERNING YOUR CHILD OR FAMILY, PLEASE USE THE SPACE BELOW (E.G.: LEARNING DIFFICULTIES, ALLERGIES, CUSTODY ISSUES, ETC.)
THANK YOU.

I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature: _____ Date: _____ Relationship: _____