



St. Mary's Syro-Malabar Catholic Church

(St. Thomas Syro-Malabar Catholic Diocese of Chicago)

24 Westminster Road, West Hempstead, NY-11552

Tel:-516-505-7940

RELIGIOUS EDUCATION REGISTRATION FORM 2009-2010

Please Check One Re-Registration First Time

Student Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Age/Year of Birth _____ Gender

M	<input type="checkbox"/>
F	<input type="checkbox"/>

 Grade _____
Age Year of Birth

Baptism _____
Name of Church, Address Date

1st Eucharist _____
yes no

If yes, _____
Name of Church, Address Date

Parents Information

Father's Name: _____
Last First M.I.

Mother's Name: _____
Last First M.I.

Family Name: _____

Envelope Number: _____ *Home Phone No: Other Phone No:*

Emergency Contact _____
Name Relationship Phone Number

How many children are you registering now? **One Two Three or More**

Does your child have any problem (e.g., allergies, medications, illness etc.) that we should know?

I hereby certify that I have read Safe Environment Program directive and I have informed my child to observe them accordingly.

Date: _____ Signature: _____

Registration fees:

By September 7, 2008: 1 Child-\$75; 2 Children-\$100; 3 or more-\$125
After September 7, 2008: 1 Child-\$85; 2 Children-\$110; 3 or more-\$135
Please make checks payable to: St. Mary's Syro-Malabar Catholic Church

For Official Use

Date Received: / /200_
Holy Communion **yes/no**

Amount Paid: \$75 \$100 \$125 \$85 \$110 \$135
Confirmation **yes/ no**

Principal

Registrar

Approved

Vicar