

St. Bonaventure Religious Formation Program

174 Ramsey Street – Paterson, NJ 07501 - 973-279-1016

Religious Education Registration Form – for new registrations only

Please check the appropriate box,

I am registering my child for the following program(s):

Kindergarten

Grade One to Grade Eight Religious Education
Specify grade in September 2017-18 _____

Confirmation (a two year process begun in high school)

Grade 9

Grade 10

Has your child been baptized? Yes _____ No _____ (Please completed the required information below and provide a copy of the Baptismal Certificate).

Does your child require First Communion? Yes _____ No _____

Name _____
Last name First Name Middle Name

Address _____

City _____ State _____ Zip Code _____

Phone _____ Emergency Phone _____

Date of Birth _____ Place of Birth (City) _____ (State) _____

School Attending _____ City _____

****Mailing Address****

If different from above: _____

****Parent Information****

Father's Name _____

Birthday ____/____/____ Place of Birth (City) _____ (State) _____

Baptism Date ____/____/____ Church of Baptism _____ City/State _____

Did you receive First Communion? _____

Did you receive Confirmation? _____

Mother's Full Maiden Name _____

Birthday ____/____/____ Place of Birth (City) _____ (State) _____

Baptism Date ____/____/____ Church of Baptism _____ City/State _____

Did you receive First Communion? _____

Did you receive Confirmation? _____

SACRAMENTAL RECORD

The following section must be completed for your child to register within our religious education program. If you child was baptized at St. Bon's, please indicate that in the space provided. If not, please fill out the appropriate information. If you have not done so, please have the church of Baptism forward a copy of the baptismal certificate to our office. Please include dates.

Baptism	___ / ___ / ___	Church	_____	City/ST	_____
Penance	___ / ___ / ___	Church	_____	City/ST	_____
Eucharist	___ / ___ / ___	Church	_____	City/ST	_____

In the event of an emergency, the following information is most helpful:

Allergies (check appropriate lines)

Dogs Cats Birds
 Other Animals (specify) _____
 Milk/Dairy Chocolate Wheat/flour
 Other food allergies (specify) _____
 Other allergies or medical info, we should be aware of (specify) _____

Because so many households are one parent households, please specify the name of the parent or guardian that mailings should be sent to: _____

Finally, to foster parental and family involvement, if you would like the other parent to be notified of special events/meetings, please indicate their name, address and phone below:

 Phone: _____

Please return this form and fee to:

St. Bonaventure Church
 Religious Education Office
 174 Ramsey Street
 Paterson, NJ 07501-3215

REGISTRATION FEE:
 One child - \$75.00
 Two children - \$100.00
 Three or more - \$125.00

For Office Use Only:

Date rcv'd _____
 Amnt rcv'd _____
 Invc sent _____
 Full pymnt rcv'd _____
 Registered in Parish _____
 ___ Cash ___ Check # _____