



**SAINT CLEMENT CATHOLIC CHURCH
REGISTRATION FORM GRADES K-8
2018-2019**

Childs Name:	Today's Date:
Fee per child: \$100 per child \$145 siblings \$160 three siblings	Payment Method: Cash Debit Credit Check Receipt No.

CHILD'S INFORMATION

Childs last name:	First:	Middle:	Grade:
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Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name? 	Former name: [Former Name]	Birth date: [Birthday]	Age: [Age]	Sex: <input type="radio"/> M <input type="radio"/> F
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Address: [Address/ P.O Box, ST ZIP Code]
City,

Father Name: Occupation:	Home phone no: Cell phone no:	Email Address:
Mothers Name: Occupation:	Home phone no: Cell phone no:	Email Address:

Please indicate if your child has medical condition or allergies we need to be aware of: YES

Medical Plan: NO

Medical Provider:

Are you a registered parishioner: Circle YES or NO

Did your child attend the Saint Clement Faith Formation Program last year? Circle YES or NO

Please indicate if your child has received the following Sacraments

Baptism	YES or NO	Name of Parish: City:	Year:
Reconciliation/First Communion	<input type="radio"/> Yes <input type="radio"/> No	Name of Parish: City:	Year:
Confirmation	YES or NO	Name of Parish: City:	Year:

Baptismal Certificate attached with registration form? YES or NO

Child's place of birth:	City:	State:	
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address): [Friend or relative name]	Relationship to child	Home phone no.: [Phone]	Work phone no.: [Phone]
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance of my child.			
_____ Parent/Guardian signature		_____ Date	