ST. GERALD CATHOLIC SCHOOL
LEARNING · LEADING · SERVING · SUCCEEDING

2023-2024 New Family Registration

FAMILY INFORMATION

Father's Name (First, Last) _____ Mother's Name (First, Last)_____

Parishioner Status Parishioner _____ Non-Parishioner _____ Catholic _____ Non-Catholic _____

St. Gerald Parish Envelope Number_____

Parish where family is a member if not St. Gerald _____

STUDENT INFORMATION

Oldest Child's Full Name (last, first, middle) _____

DOB _____ Gender Male _____ Female _____ Ethnic Background_____

Grade Level Beginning in August _____

Child(ren) live with   Both parents _____ Mother _____ Father _____ Other_____

Baptized Y_____ N _____ Reconciliation Y_____ N _____ First Communion Y_____ N _____ Confirmed Y_____ N _____

Local Public School and District _____

Last School Attended _____

Other Student Information

***********Check all that apply *****************

Child's Name	DOB	Gender	Grade PreK-8	Baptized	Reconciliation	First Communion	Confirmed
1.							
2.							
3.							
4.							

PARENT INFORMATION

Mother's Name (last, first, middle) _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Home Address _____

Mother's Email Address _____

Mother's Place of Employment _____

Work Address _____ Work Phone _____

Father's Name (last, first, middle) _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Home Address _____

Father's Email Address _____

Father's Place of Employment _____

Work Address _____ Work Phone _____

EMERGENCY INFORMATION

Dr. Name _____Dr. Phone Number _____

Emergency Contact Name #1 _____Relationship _____

Phone Number _____

Emergency Contact #2 _____Relationship _____

Phone Number _____

Allergies _____

Medical Considerations_____

COPIES OF BIRTH AND BAPTISMAL CERTIFICATES MUST BE TURNED IN WITH THIS REGISTRATION FOR NEW STUDENTS.