

OUR LADY OF SORROWS-ST. ANTHONY PARISH

Office of Religious Education

3800 E. State St. Ext.

Hamilton, NJ 08619

Parish Office: 609-587-4372

School Office: 609-587-4140, x2

NEW STUDENT REGISTRATION 2024-2025 GRADES Pre-K THROUGH 8

Please complete both sides of form (Print)

Student's Full Name _____
Last First Middle

Address _____ City/State _____ ZipCode _____

Family Last Name _____

Father's Name _____ Religion _____
First Name & Last Name

Mother's Name _____ Religion _____
First Name & Last Name

Mother's Maiden Name: _____

Home Phone _____ Emergency Phone _____

Email _____

Student's Date of Birth _____ Sex _____

School Currently Attending _____ Grade _____

Previous Catholic School or Religious Education Program _____

Grade completed in Previous Religious Education Program _____

CERTIFICATES REQUIRED AT REGISTRATION:

Holy Baptism

First Holy Communion (if applicable)

<u>Sacrament</u>	<u>Date</u>	<u>Church</u>	<u>Address</u>
Baptism**	_____	_____	_____
1 st Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____
Non-Catholic Baptism	_____	_____	_____
Profession of Faith	_____	_____	_____
Fully Initiation	_____	_____	_____

CLASS SCHEDULE (at Our Lady of Sorrows School)

SUNDAY: Grades PreK-8 9:30 -10:45am

WEDNESDAY: Grades 1-8

6:00 – 7:15pm

Custodial Parent (when applicable) _____

In divorce situation, do both parents want information? YES () NO ()

If YES, Name and Address of Parent with whom the child does not reside:

Legal Guardian (other than parent when applicable) _____

Address of Legal Guardian _____

Are there any custodial issues of which we should be aware? YES () NO ()

Please explain: _____

Does your child have special learning needs? YES () NO ()

If YES, please explain: _____

Does your child have any medical conditions? YES () NO ()

If YES, please explain: _____

Are you a registered parishioner in Our Lady of Sorrows-St. Anthony Church? YES () NO ()

Do you receive contribution envelopes or any mailing from the parish? YES () NO ()

Is your family registered in another parish? YES () NO ()

If YES, In which parish are you registered? _____

Name of Parish

City

PROMOTIONAL RELEASE

I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand these materials are being used for promotion of the parish programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ Date: _____

VOLUNTEERISM: Be certain to complete the attached volunteer form. All families are **REQUIRED** to assist at least once through the course of the program)