



Department of Faith Formation

8499 Virginia Avenue
 Pasadena, Maryland 21122
 WebSite: <http://www.stjane.org/Faith%20Formation.htm>
 Phone: 410 437-4727
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**Registration Form
 Family Information**

RE Year 2009-2010

**PLEASE PRINT ALL INFORMATION CLEARLY
 E-MAIL ADDRESS IS REQUIRED**

New Family **Returning Family**
Number of Children With this Registration
(Circle) 1 2 3 4 5 Other _____

Family Name:		Address:		Emergency Contact Name:	
				Emergency Phone Number	
Home Phone:		Mother's Name		Father's Name	
E-Mail Address:		Mother's Maiden Name:	Mother's Religion:	Father's Occupation	Father's Religion
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: (Explain)		Mother's Occupation	Mother's Work Phone	Father's Work Phone	Father's Cell Phone
			Mother's Cell Phone		
Custody Arrangement (if any)		Mother's Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony		Father's Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony	
		Guardian's Name		Please attach a form for each child registering	
		Guardian's Religion			
Any Family situations that we should be aware of:		Guardian's Occupation	Guardian's Work Phone	For Office Use Only Deposit Paid: \$ _____ Total Tuition Due: \$ _____	
		Guardian's Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Matrimony			