



Department of Faith Formation

8499 Virginia Avenue
 Pasadena, Maryland 21122
 WebSite: <http://www.stjane.org>
 Phone: 410 255-4646 x 1416
 Fax: 410 437-5191

**Registration Form
 Student Information**

RE Year 2011-2012

PLEASE PRINT ALL INFORMATION CLEARLY

**Class time
 Sunday 10:15- 11:45am**

New Student **Returning Student**

Family Name (if different from Student)	Student Last Name:	Student First Name:		
Date of Birth	Place of Birth	Date of Baptism		
Church of Baptism	Church of Baptism Address	City	State	Zip

PLEASE INCLUDE A COPY OF THE CHILD'S BAPTISMAL CERTIFICATE WITH ALL NEW STUDENT REGISTRATIONS

Sacraments Received <input type="checkbox"/> Baptism <input type="checkbox"/> Reconciliation <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation	Prior Religious Education <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Where
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School Attending:	Current Grade		
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Does this student have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes please provide details	Medical Conditions (please list)	Allergies (please list)
Can we contact your Child's school for any Special Needs information <input type="checkbox"/> Yes <input type="checkbox"/> No			

Who can Pick up The Child from Religious Education Classes? (please list)

1. _____ 2. _____ 3. _____ 4. _____