

St. Mary' Catholic Church
302 East Spring Street, Az. 86401

CHILD'S NAME

First _____ Goes by _____ Middle _____ Last _____

Male _____ Female _____ DATE OF BIRTH _____ Age _____ Grade _____
CITY AND STATE OF BIRTH _____

MAIN ADDRESS

Street _____ City _____ State _____ Zip Code _____

Telephone _____ Cell _____

PARENT'S NAME

Father _____

Mother's first and maiden name _____

Guardian _____

CHILD'S SACRAMENT HISTORY

Baptism yes _____ No _____ Date of Baptism _____

Church name _____

Church Address _____

City _____ State _____ Zip Code _____

First Reconciliation Yes _____ No _____

First Eucharist Yes _____ No _____

Confirmation Yes _____ No _____

SPECIAL NEEDS : PLEASE DESCRIBE ANY PHYSICAL RESTRICTIONS VISUAL/HEARING DIFFICULTIES
HEALTH CONCERNS, LEARNING NEEDS OR OTHER INFORMATION THAT WILL HELP US BEST SERVER YOUR
CHILD

EMERGENCY CONTACTS

Contact 1 Name _____

Phone Number _____ Cell _____

Relation to Child _____

Contact 2 Name _____

Phone Number _____ Cell _____

Relation to Child _____

IS THERE ANYONE WHO IS NOT AUTHORIZED TO DROP-OFF OR PICK UP YOUR CHILD? NO___ YES _____

IF YES, WHO _____

PHONE NUMBER _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____