

St. Mary's Church
Office of Religious Education
167 Milton Ave.
Ballston Spa, NY 12020

Phone 518-884-8479

e-mail - Jstomieros@yahoo.com

Registration Form
Please Print Clearly

Date _____

Grade as of September **2017** _____ e-mail address _____

Student Name _____ Date of Birth _____

Mailing Address _____

City/State _____ Zip Code _____

Phone # (home) _____ (work) _____

Father's name _____ Religion _____

Mother's name (include maiden) _____ Religion _____

Marital Status _____

Church/Place where Baptized (child) _____ Date _____

Church/Place of First Reconciliation (child) _____ Date _____

Church/Place of First Communion (child) _____ Date _____

Are you a registered member of St. Mary's Church, Ballston Spa, NY: Yes _____ No _____

Please list name and grade of any other children in our program:

Please list any disabilities or handicapping conditions your child may have:

_____ Saturday 8:30-9:30 (grades 1-5)

_____ Saturday 10-11(grades 1-5)

_____ Service (grades 8, 9, &10)

_____ Sunday (grades 6-10)

_____ Wednesday (grades 6-10)

_____ H.S. class topic choice

_____ Baptismal certificate

_____ need Baptismal certificate

Payment

_____ (check) _____ (check #)

_____ (cash)