

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

Phone – 884-8479

e-mail - [Jstomieros@yahoo.com](mailto:Jstomieros@yahoo.com)

**Registration Form**  
*Please Print Clearly*

Date \_\_\_\_\_

Grade as of September 2016 \_\_\_\_\_ e-mail address \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_

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Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name (include maiden) \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

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Church/Place where Baptized (child) \_\_\_\_\_ Date \_\_\_\_\_

Church/Place of First Reconciliation (child) \_\_\_\_\_ Date \_\_\_\_\_

Church/Place of First Communion (child) \_\_\_\_\_ Date \_\_\_\_\_

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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:

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\_\_\_\_\_ 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)