

St. John Maron Maronite Catholic Church

RELIGIOUS EDUCATION MARONITE YOUTH ORGANIZATION

REGISTRATION FORM 2024-2025

I) PARENT INFORMATION:

(Entire Form Must Be Completed)

Last Name _____ Father's Name: _____ Mother's First Name: _____ Mother's Maiden Name: _____	Address: _____ City/Zip Code: _____ Email Address: _____ Mother's Cell: _____ Father's Cell: _____
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II) STUDENT INFORMATION:

III)

	Child #1	Child #2	Child #3	Child #4	Child #5
Child's First Name					
Child's Last Name					
Birth Date [mm/dd/yy]					
Gender, (<u>M</u> ale / <u>F</u> emale)					
School Attending					
Grade					

SACRAMENT INFORMATION:

	Child #1	Child #2	Child #3	Child #4	Child #5
Date of Baptism					
Church of Baptism					

***FEE: \$35.00 Per Student**

I am registering _____ child(ren) for a total of \$ _____. I am paying by _____ Check _____ Cash

*Please complete the registration form and mail along with the fee to the parish office **by September 15, 2024**

2040 Wehrle Drive, Williamsville, NY 14221 Ph: 716.634.0669

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED CONFIDENTIALLY WITHIN THE CHURCH.