

# St. John Maron Maronite Catholic Church

## RELIGIOUS EDUCATION REGISTRATION FORM 2024-2025

### **PARENT INFORMATION:**

*(Entire Form Must Be Completed)*

<b>Last Name</b> _____	<b>Address:</b> _____
<b>Father's Name:</b> _____	<b>City/Zip Code:</b> _____
<b>Mother's First Name:</b> _____	<b>Email Address:</b> _____
<b>Mother's Maiden Name:</b> _____	<b>Mother's Cell:</b> _____ <b>Father's Cell:</b> _____
	<b>Home Number:</b> _____

### **STUDENT INFORMATION:**

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

### **SACRAMENT INFORMATION:**

	Child #1	Child #2	Child #3	Child #4	Child #5
<b>Date of Baptism</b>					
<b>Church of Baptism</b> <small>If other than St. John Maron, please provide copy of Baptismal certificate.</small>					

**\*FEE: \$75.00 Per Student**

<b>I am registering</b> _____ <b>child(ren) for a total of \$</b> _____ <b>. I am paying by</b> _____ <b>Check</b> _____ <b>Cash</b>
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\*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: 634-0669

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