St. Jane Frances de Chantal

The Seton Center for Religious Education
9701 Old Georgetown Rd., Bethesda, MD 20814
High School Registration (9-12) 2010-2011

Child's Name _____ **Boy** ____ **Girl** _____
Last First MI
Address _____**Apt. #** _____
City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Mother's Cell Phone** _____
E-mail address _____ **Father's Cell Phone** _____
(Please print clearly this is our main form of communication)

Grade and Parish last attended Faith Formation _____
Faith Formation Grade for 2010-11 _____
School Grade for 2010-11 _____ **School Attending for 2010-11** _____
Please list special accommodations/Allergies for your child _____
_____

Father's Name _____ **Religion** _____
First Last
Work Phone _____ **Occupation** _____

Mother's Name _____ **Religion** _____
First Last
Work Phone _____ **Occupation** _____

Emergency Contact _____ **Phone** _____
Relationship to Child _____
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Are you a registered parishioner of St. Jane de Chantal? Yes _____ **No** _____
If no, where are you registered _____

Has your child been baptized? Yes ___ **No** ___ **Full Baptism Date** _____ **Certificate** _____
month/day/year on file
Baptism Church _____
city state zip country
<u>Baptism Certificates must accompany</u> all registration forms or be on file with the Seton Center
Sacraments your child has received: First Reconciliation___ **First Eucharist** ___
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I do __ I do not __ give my permission to have my child appear in any media coverage approved by the Director of Faith Formation. I understand that the Director has authority to determine what is an appropriate request.

I do __ I do not __ give my permission for our names, addresses and telephone numbers to appear in a Family Directory that is intended solely for the use of staff, parents and children of the program.

Parent/Guardian Signature _____ ***Date*** _____

Official Use
Number of Children _____ Names and Grades of Siblings _____

Tuition Fee _____ Date Submitted _____ Check _____ or Cash _____