

Only one form needed per family. Please fill out both sides.

Mother Seton Parish

19951 Father Hurley Blvd • Germantown, MD 20874 • 301-444-3496



MOTHER SETON
CATHOLIC CHURCH

Summer Session 2018

Session June 18 – June 29

FAMILY LAST NAME _____ **HOME PHONE** _____

ADDRESS

 Street _____ City/State _____ Zip Code _____

Are you registered members of Mother Seton Parish? YES NO If NO, would you like to register? YES NO

FATHER'S FULL NAME _____ Religion _____

Work phone _____ Cell phone _____ Email _____

If you are Catholic, please check the Catholic sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Marriage _____

MOTHER'S FULL NAME _____ RELIGION _____

Work phone _____ Cell phone _____ Email _____

If you are Catholic, please check the Catholic sacraments you have received: _____ Baptism _____ Eucharist _____ Confirmation _____ Marriage _____

STUDENT FULL NAME	D.O.B.	SCHOOL GRADE FALL 2018	MALE	FEMALE	Was student in religion class last year?	Is the Child Baptized	Has your child received First Communion
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Please circle the Sacrament you are requesting for your child this year: **Baptism** **First Communion** **Confirmation**

Does your child(ren) have any medical or learning disabilities or food allergies?

_____ Yes _____ No If yes, please complete Medical Form (on website).

Please check here if you are interested in helping out in our Religious Education Program:

Name _____ I could help as:

Catechist _____ Aide _____ Substitute _____ Office _____

STUDENT PICK UP AUTHORIZATION

Please note: Students will not be released to anyone not authorized by the legal parent or guardian.

In the event that I am unable to pick up my child(ren) from Religious Education classes, the following people have my permission to do so:

1) Name _____ Phone Number _____

2) Name _____ Phone Number _____

MEDICAL RELEASE AUTHORIZATION

In the event of an emergency, I authorize the staff of Mother Seton Parish and/or the nearest medical facility to administer immediate medical attention to my child(ren) if necessary and only if unable to contact me.

Parent/Legal Guardian Signature _____

Date _____

REGISTRATION FEES

(Please make checks payable to Mother Seton Parish-SOR)

One Student: \$400
Two Students or more: \$475

****Fees include books, supplies and field trip.**

OFFICE USE ONLY

Fee Paid _____ Cash _____ Check # _____
Received by: _____
Date Received: _____
Baptismal Certificate(s): _____ Yes _____ No

I am the legal parent or guardian of the child(ren) and I certify that the information contained on this form is correct:

Name (please print) _____

Signature _____

Date _____