

REGISTRATION APPLICATION
St. Patrick and Saint Rose of Lima Religious Education Program
10 Jonestown Road, Oxford, NJ
908-453-2636
Director of Religious Education Michele Beha

STUDENT INFORMATION

Name _____ Grade _____

Mailing Address _____ City _____

State _____ Zip _____ Home Phone _____ Date of Birth _____

Learning Disabilities? – Specify _____

Health Conditions / Allergies _____

Last Religious Ed Program Attended _____ Last Grade _____ Date withdrawn _____

FAMILY INFORMATION

Father's Name _____ Religion _____

Mother's Name (include maiden name) _____ Religion _____

Father Cell phone # _____ Mother Cell phone # _____

Father Work # _____ Mother Work # _____

Family E-Mail Address _____

SACRAMENTAL INFORMATION

Please submit a copy of the Baptismal Certificate as soon as possible

| | | | | | |
|-----------|---|---|--------------|------------|------------|
| Baptism | Y | N | Parish _____ | City _____ | Date _____ |
| Penance | Y | N | Parish _____ | City _____ | Date _____ |
| Communion | Y | N | Parish _____ | City _____ | Date _____ |
