

# ST. MICHAEL'S PARISH, HUDSON, MA

RELIGIOUS EDUCATION PROGRAM

## CATHOLIC SCHOOL STUDENT REGISTRATION ~ PENANCE AND/OR EUCHARIST

Student Name: \_\_\_\_\_  
(first) (mid) (last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(number & street) (city) (zip)

Guardian Name (if different than parent): \_\_\_\_\_

Address mail to: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(first) (last)

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(first) (maiden) (last)

Parent's Email Address: \_\_\_\_\_  
(name) (email address)

School: \_\_\_\_\_ School Grade: \_\_\_\_\_

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### SACRAMENTS

BAPTISM\* Church: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST COMMUNION\*\* Church: \_\_\_\_\_ Date: \_\_\_\_\_

FIRST PENANCE\*\* Church: \_\_\_\_\_ Date: \_\_\_\_\_

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### EMERGENCY CONTACT

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

If neither parent has a cell phone and no one can be reached at home, who should we contact in case of emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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### SPECIAL NEEDS

Does this student have special needs or medical conditions that we should be aware of?  no  yes

If "yes", please explain: \_\_\_\_\_

\* If the student was baptized in a parish, other than St. Michael, we will need to have a copy of the baptismal certificate

\*\* If your child will be celebrating First Communion or First Penance at another parish, please list parish and date.