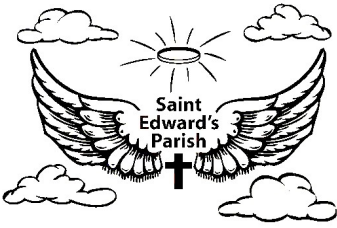


STUDENT NAME: _____

St. Edward the Confessor Church



Office of Religious Education

61 Mill Street, Milford, New Jersey 08848

Phone: 908-995-4723 Email: stedgrowingfaith@gmail.com

2022 ~ 2023 New Student Registration

M or F (circle one)

Student's Last Name _____ First _____ Middle Initial _____ DOB mm/dd/yyyy _____

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____

Home Phone _____ Emergency Phone _____

School Attending _____ Grade in School _____ City/State of Birth _____

Mother's Last Name _____ Maiden Name _____ First Name _____ Religion _____ Deceased _____

Father's Last Name _____ First Name _____ Religion _____ Deceased _____

*If living with other than above:

**Please circle all that apply-*

Guardian's Name _____ ADD/ADHD _____ Medication/Food Allergy _____

Relationship _____ Religion _____ Medical Condition/Other _____ Special Services: IEP, Resource Room, In-class support

Guardian's Phone Number _____

Explanation on your child's needs for in classroom: _____

Sacramental History: Must have exact dates for Sacraments (**a copy of Baptismal Certificate is required**)

Sacramental History		Date
Baptism		
First Reconciliation		
First Eucharist		
Confirmation		

Previous Religious Education: Church _____ Address _____

Circle all Religious Education Levels Completed K 1 2 3 4 5 6 7 8

Date _____

Signature of Parent/Guardian _____