

*Saints Rose and Clement*  
*Office of Religious Education*  
Phone 739-0212/[www.ssrcparish.com](http://www.ssrcparish.com)\*  
**Student Registration Form 2016- 2017**

**Additional forms can be downloaded from website**

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Cell \_\_\_\_\_  
**\*Number for Connect Ed** \_\_\_\_\_

Name of School \_\_\_\_\_ Grade (as of Sept. 1, 2016) \_\_\_\_\_  
CCD grade to be placed in \_\_\_\_\_ New student to SSRC Yes \_\_\_ No \_\_\_  
Are you registered in the parish? Yes \_\_\_ No \_\_\_

**Parent Information:**

Father \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
Mother \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

**Student Sacramental Information:**  
**Please list name of Parish, City and State**

Baptism \_\_\_\_\_  
Penance \_\_\_\_\_  
Eucharist \_\_\_\_\_

**Additional Information:**

Does the student take any prescription medicine? \_\_\_\_\_  
Does the student have any learning difficulties or special needs? \_\_\_\_\_

Please note any special situations or circumstances we should be aware of (Allergies, Chronic Illness, Anxiety): \_\_\_\_\_

**\*\*My child's picture may be used on Parish Website and bulletin boards (no names)**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Registration Fee: \$40 per student**

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash \_\_\_\_\_