

Father's Information		Mother's Information	
Title		Title	
First Name		First Name	
Last Name		Last Name (maiden)	
Home Address		Home Address	
City		City	
State		State	
Zip		Zip	
Email Address		Email Address	
Profession		Profession	
Employer		Employer	
Employer Address		Employer Address	
City		City	
State		State	
Zip		Zip	
Cell Telephone		Cell Telephone	
Business Phone	Ext. ()	Business Phone	Ext. ()
Religion		Religion	

Guardian/Stepparent's Information		Other Household Members (that presently live in the house)	
Title		Name	Relationship
First Name			
Last Name			
Home Address			
City			
State			
Zip			
Email Address			
Profession			
Employer			
Employer Address			
City			
State			
Zip			
Business Telephone	Ext.()		
Cell Phone			
Religion			

Family belongs to:

Diocese of Fall River: Yes () No () Other Diocese _____

Citizenship USA: Yes () No () Other Citizenship _____

Primary Language: _____ Secondary Language _____

****Please note:** \$100.00 registration fee per child is non-refundable. Registration fee/s are due at the time of registration.

Office Use Only: Date Form Rec'd: _____ Registration Fee: _____ Date Paid: _____ Cash _____ Check # _____

Parent Signature _____ Date _____