



Beloved Hearts

New Student Registration Form

STUDENT NAME: First: _____ Middle: _____ Last: _____

SCHOOL GRADE 21-22: _____ **SCHOOL DISTRICT:** _____ **BOY** **GIRL** **AGE:** _____

MAILING INFORMATION: *Please complete for Parent/Guardian*

PARENT NAMES: _____ **HOME PHONE:** _____

MAILING ADDRESS: _____ **MOTHER CELL:** _____

_____ **FATHER CELL:** _____

PRIMARY EMAIL: _____

PARISH REGISTRATION: St. Ignatius Other: _____

BIRTH FATHER: _____ **RELIGION:** _____
First Middle Last

BIRTH MOTHER: _____ **RELIGION:** _____
First Middle Maiden Name

STEP-PARENT: _____ **RELIGION:** _____
First Middle Last

STUDENT SACRAMENTAL INFORMATION:

DATE OF BIRTH: _____ **PLACE OF BIRTH (CITY/STATE):** _____

	DATE RECEIVED	CHURCH	CITY / STATE
Baptism			
Penance			
Communion			
Confirmation			

NOTE: Baptism Certificate required.

PLEASE SHARE WITH US ANY RELIGIOUS EDUCATION YOUR CHILD HAS RECEIVED (IF ANY):

Please include the name of any formal programs that occurred outside of your home.

MEDICAL / LEARNING INFORMATION:

If any of the following apply to your child, please give details in the appropriate space(s).

Please share with us the medical, physical, mental and emotional conditions of which we should be aware for your child. Please share with us the goals you have for your child during the participation of our program.

Please share with us the best way to relate and build relationship with your child. Please include, for example, communication styles, child preferences, tendencies, and learning aids.

Please share with us any custody and/or legal issues or financial concerns we may need to be aware of for the safety of your child.



I give permission for pictures and/or video of my child(ren) engaged in activities related to any St. Ignatius event posted in publications, the parish website, and any St. Ignatius FB pages. Names of participants will not be used without expressed permission from the parent or guardian.

****SIGNATURE:** _____ **DATE:** _____