

St. Joseph's Church
46 N. Main Street
Holland, NY 14080 (716) 537-9434

NEW STUDENT REGISTRATION

NAME _____ PHONE NO. _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY ZIP CODE

DATE OF BIRTH _____ Circle one – MALE/FEMALE

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME _____ RELIGION _____
FIRST NAME MAIDEN NAME

ARE YOU A **REGISTERED MEMBER** OF St. JOSEPH'S PARISH? _____

Name of school & grade your child is attending in September. _____ Grade for Religious Ed. _____

(Please enclose a **copy** of the Baptismal Certificate **if not** Baptized at St. Joseph's Parish.)

SACRAMENTS RECEIVED:

Parish, City & Date of Baptism _____
Parish, City, & Date of Penance _____
Parish, City, & Date of Eucharist _____

Emergency Telephone Numbers:
Please give Name/Phone Number
Relative/Friend _____
Mother's Cell/Work _____
Father's Cell/Work _____
Email – (Please print clearly) _____

Please indicate the area you are willing to volunteer your assistance:
____ Catechist ____ Classroom Assistant ____ Substitute Teacher

Please inform us of any allergies, medical, or learning problems that may bear on the student's learning or behavior.
(Ex: reading problems, allergies, ADD, etc.) **This is kept confidential.** Thank you.