

**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.