

St Margaret Mary Mission
Religious Education Registration
 23830 Front Ave, Mattawan, MI 49071

Family: _____

Date: _____

Home Phone: _____

Mom/Dad Work: M _____ D _____

M. Maiden: _____

Emerg. Phone: _____

Email: _____

Custodial Parent, if different from above _____

School: _____

Rel Ed mailing to additional address? If so, stat _____

Both Parents Catholic? Y N _____

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
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Sacrament and Date:	Baptism <input type="checkbox"/> _____	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> _____	Penance <input type="checkbox"/> _____	Confirmation <input type="checkbox"/> _____
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Special Needs: medical, learning disabilities, physical disabilities:

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
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Special Needs: medical, learning disabilities, physical disabilities:

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____