

Please print clearly and fill in all fields.

2nd Grade

Indicate scheduling preference by numerical order. If no preference is given, we will choose for you. More than one option must be chosen.

_____Monday 4:45PM-6PM _____Tuesday 4:45PM-6PM _____Wednesday 4:45PM-6PM
_____Tuesday 6:30PM-7:45PM

Office Use Only:

Tuition due: \$ _____

Tuition paid: \$ _____

Balance due: \$ _____

Child's Name: _____
Last First Middle

Sex (circle): Male Female Birthdate: _____
month date year

Mailing Address: _____ NJ _____
Street Town Zip

Home Phone: _____ Family Email: _____

Emergency Contact: _____
Name Relation Phone #

Special Needs: allergies, medical, learning disabilities, physical disabilities: _____

Mom: _____ Work Phone: _____ Cell: _____

Dad: _____ Work Phone: _____ Cell: _____

Custodial Parent or Guardian, if different from above: _____
Last First

Baptismal Record: For children in first grade or new to our program, you must supply us with a copy of your child's baptismal certificate OR

If your child was baptized *in our parish* the approximate date of baptism was _____
month date year

Families of multiples: Our parish policy is to separate multiple children in the same grade level into separate classes meeting on the same day/time. If you would prefer that your children be kept together in the same class, please circle here: **KEEP CHILDREN TOGETHER**

Photo Release: I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

Print Name Signature

List all siblings wishing to be placed on the same schedule: _____ Grade Level
Names: _____ Fall 2024

