Please print clearly and fill in all fields. Indicate scheduling preference by numerical order. If no preference is given, we will choose for you. More than one option must be chosen.					3rd Grade Office Use Only:	
Child's Name:		Last	First	L	ddle	
		Lasi	FIISL	IVII	aale	
Sex (circle):	Male	Female	Birthdate: month	date	year	
Mailing Addres	s:			NJ	l	
		Street	Town		Zip	
Home Phone:			Family Email:			
Emergency Co	ntact: _					
		Name	ne Relation F		ione #	
Mom:		Work Phone:	Work Phone:Cell:			
Dad:			Work Phone:	Cell:		
Custodial Pare	nt or Gu	ardian, if different fro	om above:			
<u>Baptismal Reco</u> baptismal certi	ord: For ficate O	r children in first grad R	Last de or new to our program, you must <i>approximate</i> date of baptism was	supply us with		
	same d	ay/time. If you would	to separate multiple children in the s d prefer that your children be kept to	•	•	
	s and as	signs from any and a	e of Metuchen and its trustees, offic all claims, actions and liability of wh		• • •	
Print Name			Signature	•		
List all siblings Names:	s wishing	g to be placed on the	same schedule:		Grade Level Fall 2024	

St. Elizabeth Ann Seton Church Religious Formation Registration 2024-2025