Please print clearly and fill in all fields.

6th Grade

Indicate sched	•	Il order. If no preference is given ne option must be chosen.	en, we will choose fo	Office Use Only:
Monday	, 1·15DM_6DM Tuge	day 4:45PM-6PMWed	needay 1·15DM_6DN	Tuition due: \$
ivioriday	7 4.431 W-01 W1 desc	idy 4.451 W-01 WWVEG	1165uay 4.451 W-01 W	Tuition paid: \$
	Tues	day 6:30PM-7:45PM		Balance due: \$
Child's Name:				
	Last	First		Middle
Sex (circle):	Male Female			
		month	date date	year
Mailing Addres	ss:			NJ
	Street	Town		Zip
Home Phone:		Family En	nail:	
Emergency Co	ntact:			
	ntact: Name : allergies, medical, learning	Relation g disabilities, physical disabil	ities:	Phone #
Special Needs:	Name	Relation g disabilities, physical disabil		
Special Needs: Mom:	Name : allergies, medical, learning	Relation g disabilities, physical disabil Work Phone:		
Special Needs: Mom: Dad:	Name : allergies, medical, learning	Relation g disabilities, physical disabil Work Phone:		Cell:
Special Needs: Mom: Dad: Custodial Parei Baptismal Reco	Name allergies, medical, learning ort or Guardian, if different for the control or the control o	Relation g disabilities, physical disabil Work Phone: Work Phone:	ou must supply us	Cell:Cell:First with a copy of your child's
Special Needs: Mom: Dad: Custodial Parel Baptismal Rece baptismal certif	Name allergies, medical, learning ord: For children in first gra ificate OR as baptized <i>in our parish</i> the	Relation g disabilities, physical disabil Work Phone: Work Phone: Last ade or new to our program, you approximate date of baptisn	ou must supply us on was	Cell: Cell: First with a copy of your child's
Special Needs: Mom: Dad: Custodial Parentismal Recordismal certification of multiples of mult	Name allergies, medical, learning nt or Guardian, if different for children in first gra ificate OR as baptized <i>in our parish</i> the	Relation g disabilities, physical disabil Work Phone: Work Phone: Last ade or new to our program, yo	ou must supply us on the same grade	Cell: First with a copy of your child's date year elevel into separate classes
Special Needs: Mom: Dad: Custodial Pared baptismal Recording Section	Name allergies, medical, learning ant or Guardian, if different for the content of the content o	Relation g disabilities, physical disabil Work Phone: Work Phone: Last ade or new to our program, you approximate date of baptism to separate multiple children ld prefer that your children be	ou must supply us month in the same grade kept together in these, officers, emplo	Cell: Cell: First with a copy of your child's date year elevel into separate classes he same class, please circle
Special Needs: Mom: Dad: Custodial Pared baptismal Recording Section	Name allergies, medical, learning ant or Guardian, if different for the content of the content o	Relation g disabilities, physical disabil Work Phone: Work Phone: Last ade or new to our program, you e approximate date of baptism to separate multiple children ld prefer that your children be se of Metuchen and its truste all claims, actions and liability	ou must supply us month in the same grade kept together in these, officers, emplo	Cell: Cell: First with a copy of your child's date year elevel into separate classes he same class, please circle