

# St. Edward the Confessor Parish School of Religion

4921 West Metairie Avenue  
Metairie, LA 70001-4466  
(504) 888-0703, Ext. 18

Child's Name: \_\_\_\_\_  
Last
Full First
Full Middle

Baptized Catholic: Yes / No (Please Circle)      Grade Entering Fall of 2017: \_\_\_\_\_

Name of School Now Attending: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City
State
Month/Day/Year

Gender: Male / Female (Please Circle)

Child lives with: Both Parents / Mother / Father / Joint Custody / Other (Please Circle)

Address of Primary Custodial Parent / Guardian (Correspondence will be mailed to this address):

\_\_\_\_\_  
Street Address
City
State
Zip

Natural Father: \_\_\_\_\_  
Last
First
Middle

\_\_\_\_\_  
Occupation
Religion
Marital Status
Spouse's Name (if not child's mother)

\_\_\_\_\_  
E-Mail Address
Phone Number Cell / Work / Home

Natural Mother: \_\_\_\_\_  
Last
First
Maiden Name

\_\_\_\_\_  
Occupation
Religion
Marital Status
Spouse's Name (if not child's father)

\_\_\_\_\_  
E-Mail Address
Phone Number Cell / Work / Home

Emergency Contact Name and Phone Number:

Physician's Name and Phone Number:

Any Medical Conditions/Allergies/Special Needs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Sacramental Data

(Please supply a copy of your child's baptismal certificate, and, if child has already received First Holy Communion from another parish, please supply First Holy Communion Certificate)

	Date	Parish Church	City and State
Baptism			
First Reconciliation			
First Communion			
Confirmation			

*For Office Use Only*

Date Registered \_\_\_\_\_ Tuition Fee Paid \_\_\_\_\_

Family Census Form \_\_\_\_\_ Baptismal Certificate Received \_\_\_\_\_

1st Communion Certificate, If Applicable, Received \_\_\_\_\_