

ST. PANCRAS SCHOOL OF RELIGION

72-22 68<sup>th</sup> Street  
Glendale, NY 11385

Phone: 718-497-0590 e-mail: stpancrassr@gmail.com



**2020-2021 REGISTRATION FORM**

**COMPLETE ONE FORM FOR EACH CHILD REGISTERING  
PLEASE PRINT ALL INFORMATION CLEARLY**

**Section 1: All Students**

**STUDENT INFORMATION**

STUDENT: _____	GENDER: F___ M___
[Last Name]                      [First Name]	
ADDRESS: _____	
[Number]            [Street]                      [City]                      [St]                      [Zip]	
CHILD'S SCHOOL IN SEPTEMBER: _____	GRADE: _____
HOME TELEPHONE # _____	DATE OF BIRTH: _____ / _____ / _____
	Month            Day            Year

**Section 2: All Students**

**CHILD LURES PREVENTION INFORMATION**

Each year, every child enrolled in a Religious Education Program in the Diocese of Brooklyn will receive safety training by the use of the **Child Lures Prevention Program**. Parents and guardians are informed that such training will take place and are asked to review the topics that are taught to your child in class. Discussion and reinforcement of these topics, at home with your child, serves to make them more aware of dangerous situations and it empowers them to react in a positive way when, and if, they ever find themselves in such a situation.

By signing this registration form you are acknowledging:

- That you have been asked to review and discuss the **Child Lures Prevention** topics presented to your child.
- That you understand that a Diocesan-Trained Presenter (*not your child's Religion Teacher*) will present this material, in an age-appropriate way to your child.
- That you are welcome to attend the presentation when it is presented to your child.
- That you will be informed of the date of the presentation.

**PARENT SIGNATURE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FOR NEW STUDENTS - PLEASE COMPLETE THE OTHER SIDE**

**Section 3: New Students**

**PARENT / FAMILY INFORMATION**

WHAT IS YOUR PARISH OF AFFILIATION (WHERE YOU WORSHIP)? \_\_\_\_\_

ARE YOU REGISTERED IN THAT PARISH? YES \_\_\_ NO \_\_\_

FATHER: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
                  [First Name]                                [Last Name]

RELIGION: \_\_\_\_\_

MOTHER: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_  
                  [First Name]                                [Maiden Name]

RELIGION: \_\_\_\_\_

MAIN LANGUAGE SPOKEN AT HOME: ENGLISH \_\_\_ POLISH \_\_\_ SPANISH \_\_\_ ITALIAN \_\_\_

ADDRESS CORRESPONDENCE TO: \_\_\_\_\_

**In case of emergency, we will try to contact either parent FIRST.  
Please provide an *additional* emergency contact:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**THIS PERSON'S PHONE NUMBER:** \_\_\_\_\_

**Section 4: New Students**

**SACRAMENTS RECEIVED INFORMATION**

**BAPTISM INFORMATION:**

A copy of your child's Baptism certificate **MUST** be on file (unless baptized at St. Pancras)

CHURCH: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  [Number]            [Street]                                [City]                                [St]                                [Zip]

**PENANCE INFORMATION:**

CHURCH: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  [Number]            [Street]                                [City]                                [St]                                [Zip]

**FIRST COMMUNION INFORMATION:**

CHURCH: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                  [Number]            [Street]                                [City]                                [St]                                [Zip]

**BE SURE TO COMPLETE THE FRONT SIDE OF THIS FORM  
INCLUDING SIGNATURE**