

**Saint Clement Parish**  
**Sacramental Registration Form Grades K-8**  
**2021-2022**

Child's Name:	Today's Date:
Fee per child: \$100 per child, \$145 siblings, \$160 three siblings Total:	Payment Method: Cash, Debit, Credit, Check Receipt No.

**CHILD'S INFORMATION**

Last name: First name: Middle: Grade:					
Is this your legal name?  Please provide legal name:	YES NO	Former names?	Birthdate:	Age:	Sex:
Home Address:					
Father's Name: Occupation:	Home phone: Cell phone:		Email Address:		
Mothers Name: Occupation:	Home phone: Cell phone:		Email Address:		
Does your child have any medical conditions or allergies we need to be aware of?  YES NO	Please explain:		Medical Plan:  Medical Provider:		
Are you a registered parishioner? Did your child attend the Saint Clement Faith Formation Program last year? YES NO YES NO					

**SACRAMENTS**

*Please indicate if your child has received the following Sacraments*

Baptism YESNO	Name of Parish: City:	Year:
Reconciliation/ First Communion YESNO	Name of Parish: City:	Year:
Confirmation YESNO	Name of Parish: City:	Year:
Baptismal Certificate attached with registration form? YES NO		
Child's place of birth:	City:	State:

**IN CASE OF EMERGENCY**

Name of local friend or relative (not living at same address):

Relationship to child:

Home phone:

Work phone:

*The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance of my child.* Parent/Guardian signature: Date: