

Seven Sorrows of the Blessed Virgin Mary Religious Education Office
360 East Water St, Middletown Pa 17057 717 944 5371 x 208 Email religioused@ssbvm.org

Are you a member of Seven Sorrows Parish? Yes _____ No _____ (Please Register with Parish)

TUITION FEE: \$21.00 per child _____

FAMILY INFORMATION

Family Name _____

Primary Address _____ City _____ State _____ Zip _____

Mothers Name: _____ Mother's Maiden Name _____
(First) (Last if different)

Address _____ City _____ State _____ Zip _____

Primary Email Address: _____ Marital Status _____ Religion _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fathers Name: _____
(First) (Last if different)

Address _____ City _____ State _____ Zip _____

Primary Email Address: _____ Marital Status _____ Religion _____

Home Phone _____ Work Phone _____ Cell Phone _____

STUDENT REGISTRATION

CHILD # 1

First _____ Middle _____ Last if different _____ Gender *Male* ___ *Female* ___ Date of Birth _____

School Grade 2020-2021 _____ School Building _____ School District _____ RE Grade 2020-2021 _____

Sacraments: Catholic Baptism Yes ___ No ___ Year _____ Church of Baptism _____ If No what denomination _____

First Reconciliation Year _____ Church _____ First Eucharist _____ Church _____ Confirmation _____ Church _____

CHILD # 2

First _____ Middle _____ Last if different _____ Gender *Male* ____ *Female* ____ Date of Birth _____

School Grade 2020-2021 _____ School Building _____ School District _____ RE Grade 2020-2021 _____

Sacraments: Catholic Baptism Yes ___ No ___ Year _____ Church of Baptism _____ If No what denomination _____

First Reconciliation Year _____ Church _____ First Eucharist _____ Church _____ Confirmation _____ Church _____

CHILD # 3

First _____ Middle _____ Last if different _____ Gender *Male* ____ *Female* ____ Date of Birth _____

School Grade 2020-2021 _____ School Building _____ School District _____ RE Grade 2020-2021 _____

Sacraments: Catholic Baptism Yes ___ No ___ Year _____ Church of Baptism _____ If No what denomination _____

First Reconciliation Year _____ Church _____ First Eucharist _____ Church _____ Confirmation _____ Church _____

CHILD # 4

First _____ Middle _____ Last if different _____ Gender *Male* ____ *Female* ____ Date of Birth _____

School Grade 2020-2021 _____ School Building _____ School District _____ RE Grade 2020-2021 _____

Sacraments: Catholic Baptism Yes __No __Year_____ Church of Baptism _____If No what denomination _____

First Reconciliation Year _____Church_____ First Eucharist _____Church_____ Confirmation _____Church_____