

**St. Hugh of Grenoble Catholic Church  
School of Religion  
145 Crescent Road  
Greenbelt, MD 20770  
shreligious4@gmail.com**

**New Family Registration Form**

**Please provide all information requested on both sides of this form.**

**Family Information:**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ Were Parents Married in the Church Y / N

Address: \_\_\_\_\_  
Street Address City & Zip Code

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you registered in St. Hugh Parish? \_\_\_\_\_ Envelope # \_\_\_\_\_

Which Mass do you and your family regularly attend? \_\_\_\_\_

**Student Information:**

***Student #1:***

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F (circle)

School in September 2017: \_\_\_\_\_ Grade in September 2017: \_\_\_\_\_

Last Religious Education grade completed: \_\_\_\_\_ Where: \_\_\_\_\_

***Student #2:***

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F (circle)

School in September 2017: \_\_\_\_\_ Grade in September 2017: \_\_\_\_\_

Last Religious Education grade completed: \_\_\_\_\_ Where: \_\_\_\_\_

***Student #3:***

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F (circle)

School in September 2017: \_\_\_\_\_ Grade in September 2017: \_\_\_\_\_

Last Religious Education grade completed: \_\_\_\_\_ Where: \_\_\_\_\_

**Sacramental Information:**

**Student #1**

Birthplace: \_\_\_\_\_

Date                      Hospital                      City/State/Country

Baptism: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

Reconciliation: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

1<sup>st</sup> Communion: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

**Student #2**

Birthplace: \_\_\_\_\_

Date                      Hospital                      City/State/Country

Baptism: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

Reconciliation: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

1<sup>st</sup> Communion: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

**Student #3**

Birthplace: \_\_\_\_\_

Date                      Hospital                      City/State/Country

Baptism: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

Reconciliation: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

1<sup>st</sup> Communion: \_\_\_\_\_

Date                      Church                      City                      Roman Catholic (Y/N)

**A copy of Baptismal Certificate is necessary to register your child in the program, unless child was baptized at St. Hugh's.**

**Books and Materials Fee**--\$ \_\_\_\_\_ (= \$30.00 x number of children registered)

**Tuition Fee** \$ \_\_\_\_\_ (= \$75/1 child, \$125/2 children, \$150/3 or more children)

**Total** \$ \_\_\_\_\_

**OFFICE USE ONLY**    Amt. Paid \_\_\_\_\_    Cash \_\_\_\_\_    Check# \_\_\_\_\_    Date received \_\_\_\_\_