

**St. Robert Bellarmine Church**  
**61 Georgia Road**  
Freehold, NJ 07728

Registration Date: \_\_\_\_\_  
Registration Taken by: \_\_\_\_\_

**Family Information**

Mailing Name:
Address:
City, State Zip:

Home Phone:
Emerg. Phone:
Family Email :

**Parish of Registration if not SRB:**

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

**Mother's Info.:**

Name:	MaidenN:	
Religion:	Living: Y/N	Cell:

**Custodial Parent Name:**

\_\_\_\_\_

**Father's Info.:**

Name:		
Religion:	Living: Y/N	Cell:

**Child Information:**

**Current School Attended:**

\_\_\_\_\_

Name	Birthdate	Gender	Grade	Session	Room	Class
_____	_____	_____	_____	_____	_____	_____

**Baptism Information:**

Date:	Faith at Baptism:
Parish:	

Eucharist Information:	Date:
Parish:	

Reconciliation Information:	Date:
Parish:	

Confirmation Information	Date:
Parish:	

**Special Needs: medical, learning disabilities, physical disabilities (REQUIRED):**

Type or Payment:      Cash                      Check # \_\_\_\_\_                      Amount: \_\_\_\_\_

**Release**

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

The signature below allows the Religious Education Program to provide all information on this form to the Religious Education Staff for Religious Education purposes only.

**Parent/Legal Guardian Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_