

**SANTA MARIA DEL MAR**  
**RELIGIOUS EDUCATION K-8 ENROLLMENT**  
**2008-2009**

Tuition: **\$40** first child, **\$30** second child, **\$20** third child, no additional charge for four or more children

Make checks payable to: SMDM Faith Formation Cash \_\_\_\_\_ Check \_\_\_\_\_

Date: \_\_\_\_\_ Faith Formation Grade: \_\_\_\_\_ (new school year)

Child's Name \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place/address \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

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Baptized: \_\_\_yes \_\_\_no \_\_\_\_\_date

\_\_\_\_\_place/address

**A copy of his/her Baptismal Certificate MUST accompany this registration form if not previously submitted.**

First Holy Communion: \_\_\_yes \_\_\_no \_\_\_\_\_date

\_\_\_\_\_place/address

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

Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parents are: \_\_\_married \_\_\_divorced \_\_\_separated \_\_\_remarried \_\_\_widowed

Family Name if different than Student's \_\_\_\_\_

School Student attends: \_\_\_\_\_

\*If there is any special need we should be aware of, please make notations on the back of this registration.