

DIVINE MERCY PARISH

FAITH FORMATION

301.689.6767

Email: divinemercy@archbal.torg



STUDENT ADMISSION FORM

Registration Received On: _____

STUDENT INFORMATION

Full Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

School and Grade: _____

Home Church Site: _____

PARENT/GUARDIAN INFORMATION

Primary Guardian Name: _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

Home Address (if different from student): _____

Secondary Guardian Name: _____

Relationship to Student: ☐ Mother ☐ Father Other: _____

Phone Number: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____ Phone Number: _____

MEDICAL INFORMATION

Does the student have any allergies? ☐ Yes ☐ No

If yes, please list: _____

Does the student have any medical conditions or special needs that we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

CONSENT & AGREEMENT

- ☐ I certify that the above information is correct to the best of my knowledge.
- ☐ I give permission for my child to receive emergency medical treatment if necessary.
- ☐ Religious Education includes "Catechesis of Family Life." This component of Religious Education is an age appropriate program and is an excellent opportunity for you to discuss Christian relationships with your child/children. Your signature below acknowledges that the "Catechesis of Family Life" will be included in this religious education program.

Date: _____

Parent/Guardian _____

Please return this registration form to the parish office by September 7, 2025 via mail, weekly collection basket, or email. Please include registration fee with this form; registration is \$35/child. Should you require a tuition waiver, one will be granted, no questions asked. In this case, please contact Fr. Scott Kady: Scott.kady@archbalt.org or Alison Lyons: Alison.lyons@archbalt.org.