



St. Clare of Montefalco Catholic School

16231 Charlevoix, Grosse Pointe Park, MI 48230
(313) 647-5100 Fax: (313) 647-5105

Registration Form for Kindergarten through Grade 8

A non-refundable deposit of \$300 per family is due at the time of registration.
Copies of immunizations, birth and baptismal certificates must be on file.

Family Information

2017--2018

Please indicate if one family, in particular, influenced you to come to St. Clare of Montefalco: _____
St. Clare Family Name

FATHER

Name _____ Email _____
last first middle

Address _____
street city zip

Cell # _____ Business Phone _____ Home Phone _____

Name of Employer _____ Business Address _____

Religion _____ Name of Parish or Church to which you belong _____

MOTHER

Name _____ Email _____
last first middle

Address _____
street city zip

Cell # _____ Business Phone _____ Home Phone _____

Name of Employer _____ Business Address _____

Religion _____ Name of Parish or Church to which you belong _____

Stepfather's Name (if applicable) _____ Stepmother's Name (if applicable) _____

Children Reside with Mother & Father Mother Father Other

Student Information

1. Name _____ Date of Birth _____ M ___ F ___

Present grade _____ Grade in September _____

Religion: Roman Catholic ___ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ___ Orthodox ___ Other _____

Race: Caucasian ___ African American ___ Hispanic ___ Asian ___ Arabic ___ Native American ___
Native Hawaiian & other Pacific Islands ___ Multi Racial ___ Other _____

Sacraments:

Baptism: Yes ___ No ___ Date received _____ Church name & address _____

Eucharist: Yes ___ No ___ Dated received _____ Church name & address _____

Reconciliation Yes ___ No ___ Date received _____ Church name & address _____

Confirmation (Chrismation) Yes ___ No ___ Date received _____ Church name & address _____

OVER

Student Information

2. Name _____ Date of Birth _____

Present grade _____ Grade in September _____

Religion: Roman Catholic ___ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ___ Orthodox ___ Other _____

Race: Caucasian ___ African American ___ Hispanic ___ Asian ___ Arabic ___ Native American ___
Native Hawaiian & other Pacific Islands ___ Multi Racial ___ Other _____

Sacraments:

Baptism: Yes ___ No ___ Date received _____ Church name & address _____

Eucharist: Yes ___ No ___ Dated received _____ Church name & address _____

Reconciliation Yes ___ No ___ Date received _____ Church name & address _____

Confirmation (Chrismation) Yes ___ No ___ Date received _____ Church name & address _____

3. Name _____ Date of Birth _____

Present grade _____ Grade in September _____

Religion: Roman Catholic ___ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ___ Orthodox ___ Other _____

Race: Caucasian ___ African American ___ Hispanic ___ Asian ___ Arabic ___ Native American ___
Native Hawaiian & other Pacific Islands ___ Multi Racial ___ Other _____

Sacraments:

Baptism: Yes ___ No ___ Date received _____ Church name & address _____

Eucharist: Yes ___ No ___ Dated received _____ Church name & address _____

Reconciliation Yes ___ No ___ Date received _____ Church name & address _____

Confirmation (Chrismation) Yes ___ No ___ Date received _____ Church name & address _____

4. Name _____ Date of Birth _____

Present grade _____ Grade in September _____

Religion: Roman Catholic ___ Eastern Catholic (Chaldean, Melkite, Maronite, etc.) ___ Orthodox ___ Other _____

Race: Caucasian ___ African American ___ Hispanic ___ Asian ___ Arabic ___ Native American ___
Native Hawaiian & other Pacific Islands ___ Multi Racial ___ Other _____

Sacraments:

Baptism: Yes ___ No ___ Date received _____ Church name & address _____

Eucharist: Yes ___ No ___ Dated received _____ Church name & address _____

Reconciliation Yes ___ No ___ Date received _____ Church name & address _____

Confirmation (Chrismation) Yes ___ No ___ Date received _____ Church name & address _____

If your child did not attend St. Clare last year, please specify school name and address he/she did attend

School Name _____ **Address** _____

Street

City

State

Zip