St. John Maron Maronite Catholic Church

RELIGIOUS EDUCATION

REGISTRATION FORM 2025-2026

I) PARENT INFORMATION: ***(Entire Form Must Be Completed)***

Last Name _____	**Address:** _____
Father's Name: _____	**Email Address:** _____
Mother's First Name: _____	**City/Zip Code:** _____
Mother's Maiden Name: _____	**Phone Number:** _____
	Mother's Cell: _____ **Father's Cell:** _____

II) STUDENT INFORMATION:

	Child #1	Child #2	Child #3	Child #4	Child #5
Child's First Name					
Child's Last Name					
Birth Date [mm/dd/yy]					
Gender, (Male / Female)					
School Attending					
Grade					

III) SACREMENT INFORMATION:

	Child #1	Child #2	Child #3	Child #4	Child #5
Date of Baptism					
Church of Baptism					

***FEE: $75.00 Per Student**

I am registering _____ child(ren) for a total of $_____. I am paying by _____ Check _____ Cash

*Please complete the registration form and mail along with the fee to the parish office **by September 14, 2025**

2040 Wehrle Drive, Williamsville, NY 14221, Ph: 634-0669

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED CONFIDENTIALLY WITHIN THE CHURCH.