



Father Martin Cioppi (Pastor) Father Jerome Wild (Pastor) Ms. Christine Pagan (Principal)

Enrollment Registration Form (Please fill out one form per student.)

Student's Full Name (First, Middle, Last) _____
 Date of Birth _____ Gender ___ Age as of September 1, 2018 _____
 Grade _____ Full Day ___ Half Day ___
 Home address _____ City _____
 State _____ Zip Code _____ County _____
 Phone _____ Circle one: Home Cell Work
 Religion _____ Parish _____
 Birth Country of Student _____ Ethnicity _____ Public School District _____
 Child lives with: Both Parents ___ Mother ___ Father ___ Other ___
 Parent Marital Status: Married ___ Divorced ___ Separated ___ Widow(er) ___
 If a transfer student: school transferred from _____
 Does the student have an IEP _____ (If so, please include a copy with your registration.)
 Child was Baptized at _____ Date _____
 Other Sacraments Received _____

Family Information

Father/ Guardian Name _____ DOB _____ SS# _____
 Address if different from above _____
 Phone: Mobile _____ Work _____
 E-Mail Address _____ Employer _____
 Religion _____ Father's Country of Birth _____

Mother/ Guardian Name (include maiden name) _____
 DOB _____ SS# _____
 Address if different from above _____
 Phone: Mobile _____ Work _____
 E-Mail Address _____ Employer _____
 Religion _____ Mother's Country of Birth _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 How did you hear about MTC? _____
 Who can we thank for referring you to MTC? _____

Office Use			
Date Rec: _____	By: _____	Time: _____	AM/PM
Opt. C _____	MSP _____	FACTS _____	MC _____