

ST. MARY OF THE PURIFICATION CATHOLIC CHURCH
2019-2020 CCE SCHOOL YEAR

Student's Name: _____

Student's School: _____

Grade: _____ Student's Age: _____

Date of Birth: _____ Place of Birth: _____

Last year my child attended CCE and Parish was: _____

Student's Address: _____

City/State: _____ Zip: _____

Home Telephone #: _____ Cell: _____

Lives with: Mom: _____ Dad: _____ Both: _____ Other: _____

Father's Name: _____

Day Telephone #: _____ Religion: _____

Mother's Name (*Maiden*): _____

Day Telephone Number#: _____ Religion: _____

Emergency Contact: _____

Email address: _____

St. Mary's Envelope Number: _____

If you are not a registered parishioner of St. Mary's where are you registered and why are you attempting to register your child(ren) here at St. Mary's? _____

Sacraments Received: Please answer yes or no and list the name of the Parish:

Baptism: _____ Name of Parish/City _____

Penance: _____ Name of Parish/City _____

First Holy Communion: _____ Name of Parish/City _____

Confirmation: _____ Name of Parish/City _____

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