

**St. Mary's Byzantine Catholic Church
1900 Brooks Boulevard
Hillsborough, NJ 08844
(908) 725-0615**

2023-2024 Eastern Christian Formation Program Registration Form

Entering E.C.F. Grade Level: _____ School Grade: _____

Child's Birth Date: _____ Age: _____

Name of Student: _____
First Middle Last

Address: _____
Street
City State Zip Code

Primary Phone #: _____ Primary Email Address: _____

Parents/Legal Guardian Information

EMERGENCY CONTACT*: _____
(*During ECF class (Full Name) (Phone Number)
Sun. 9:45 a.m. – 10:45 a.m.)

Mother's Name: _____ Religion/Rite: _____

Email Address: _____ Cell Phone #: _____

Father's Name: _____ Religion/Rite: _____

Email Address: _____ Cell Phone #: _____

Parents' Marital Status: _____ Child Living w/: _____

Sacraments Received
(Please include name of church, city, state and country)

Baptism: _____ Date: _____

Chrismation: _____ Date: _____

Penance: _____ Date: _____

Holy Eucharist: _____ Date: _____

Medical Conditions, Allergies and Special Needs
(Please list all known)

NOTE: ALL INFORMATION IS KEPT CONFIDENTIAL AND ONLY USED IN THE ADMINISTRATION OF ST. MARY'S EASTERN CHRISTIAN FORMATION RELIGIOUS EDUCATION PROGRAM BY THE ADMINISTRATORS AND STAFF ONLY AS STRICTLY NECESSARY.

