

St. Clare Catholic Church Registration Form

236 S. Beach Blvd. ~ Waveland, MS 39576

228-467-9275 ~ stclarecatholic@yahoo.com ~ www.stclarewaveland.com

Last (Family) Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Would you like **or** do you have contribution envelopes? Y ___ N ___ Envelope # _____

Adult 1:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ Phone number: (____) ____ - _____ Cellular/Home

Email Address: _____ @ _____

Occupation: _____ Employment: _____

Best way to contact:

Text ___ Call ___ Email ___

Adult 2:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ Phone number: (____) ____ - _____ Cellular/Home

Email Address: _____ @ _____

Occupation: _____ Employment: _____

Best way to contact:

Text ___ Call ___ Email ___

Child 1:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ School: _____ Grade: _____

Child 2:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ School: _____ Grade: _____

Child 3:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ School: _____ Grade: _____

Child 4:

First Name: _____ "Nickname/Common name" _____

Date of Birth: ___ / ___ / ___ School: _____ Grade: _____

OFFICE USE ONLY

Completed Online _____ Paper _____ Date received: _____

Entered in Gabriel: ___ / ___ / ___ By: _____