

St. Louis de Montfort Edge

Registration Form

Registration Fee \$50



Child's First Name: _____

Child's Last Name: _____

Nickname: _____

Child's Grade (circle one): 6th 7th 8th

Name of School: _____

Parent/Guardian's First Name: _____

Parent/ Guardian's Last Name: _____

Parent/Guardian's Cell Phone: _____

Family Email (Almost everything will be done via email, please make sure it is an active email): _____

My Child has received (circle all that apply): Baptism Reconciliation Communion

Emergency Contact Name (Related): _____

Emergency Contact Phone Number (Related): _____

Emergency Contact Name (Not Related): _____

Emergency Contact Phone Number (Not Related): _____

Any Allergies or Medical Needs?

