

APPLICATION ALTAR SERVER

PLEASE PRINT ALL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

IF NOT ATTENDING ST. MARY'S, CCD CLASS TIME: \_\_\_\_\_

WHICH MASS(ES) DO YOU PREFER? \_\_\_\_\_

IF THERE MAY BE SCHEDULING DIFFICULTY BECAUSE OF SCHOOL BUS TIMES, SPORTS,  
ETC., PLEASE CALL FR. RICHARD AT 973-627-0279 EXT. 813

PARENT'S SIGNATURE: \_\_\_\_\_