

ST. DOMINIC'S ROMAN CATHOLIC CHURCH

**ATRIUM ANGELS
REGISTRATION FORM**

Child's full name.....

Date of birth Day of Month Year

Address

Present School

Contact Information: (Please put an * next to the parent/guardian that you would like us to contact first)

Mother's name

Mother's email

Mother's cell No Home No

Father's name

Father's email

Father's cell No Home No

Baptism Information:

Date of Baptism

Name and address of church

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Other Information:

Place of Worship

Requested Year of Admission to the Atrium

Contribution- BDS\$80 per year

Signature of Parent/Guardian..... Date.....