

CHURCH OF DIVINE MERCY
STUDENT REGISTRATION FORM

SURNAME	BAPTISED NAME	GIVEN NAME	SEX	DATE OF BIRTH
ADDRESS				POST CODE
HOME TEL	MOBILE	EMAIL ADDRESS		
SCHOOL			LEVEL	
			Pri _____	Sec _____
BAPTISED	DATE OF BAPTISM	CHURCH		
If no, please indicate denomination, if any				
If yes, please provide photocopy of Baptism Certificate				
DATE OF RECONCILIATION		CHURCH		
DATE OF FIRST HOLY COMMUNION		CHURCH		
TRANSFER FROM CHURCH OF:				
FATHER'S NAME	RELIGION	MOBILE#	EMAIL ADDRESS	
MOTHER'S NAME	RELIGION	MOBILE#	EMAIL ADDRESS	
Please mark with an 'X' to indicate your preference. Please note that if we are unable to place your child according to your preference indicated, we will inform you to re-select another session.				
Preference	Level	Time	Day	Venue
	Primary 1 to 6	4.15pm to 5.15pm	Saturday	Church
	Primary 1 to 6	10.15am to 11.15am	Sunday	Church
	Confirmation 1 to 3	8.30am to 10am	Sunday	Church
	Home Catechism	To be determined	To be determined	Home

Please email completed form to :

catechism@divinemeracy.sg

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