FAITH FORMATION REGISTRATION FORM - 2016-2017

PARENT(S):_____ HOME PHONE NO._____

ADDRESS_____

CELL PHONE NO._____ WORK PHONE NO._____

E-MAIL ADDRESS(ES): _____

All families MUST BE registered Parishioners. Check here if you are NOT registered: □

Text Book Fee: $20 for one child; $30 for two children; $40 for three or more children. ($5.00 discount if Fee received by August 1, 2016)

NAME OF CHILD/CHILDREN REGISTERING FOR FAITH FORMATION

CHILD'S NAME: _____ □ Male □ Female
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ /_____/ _____
Month Day Year

Sacraments Received: □ Baptism _____ □ First Reconciliation _____
Date Date

□ Confirmation _____ □ First Eucharist _____
Date Date

Current Grade: ____

Allergies: _____

CHILD'S NAME: _____ □ Male □ Female
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ /_____/ _____
Month Day Year

Sacraments Received: □ Baptism _____ □ First Reconciliation _____
Date Date

□ Confirmation _____ □ First Eucharist _____
Date Date

Current Grade: ____

Allergies: _____

CHILD'S NAME: _____ □ Male □ Female
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ /_____/ _____
Month Day Year

Sacraments Received: □ Baptism _____ □ First Reconciliation _____
Date Date

□ Confirmation _____ □ First Eucharist _____
Date Date

Current Grade: _____

Allergies: _____

Additional Comments and/or Suggestions that would be helpful for us to serve your child(ren)-
(Please use reverse side).

Please let us know if you can assist in any way with our Faith Formation Program!

Teacher □ Aide □ Hall Monitor □ Hospitality □

Thank you, and God Bless!