FAITH FORMATION REGISTRATION FORM - 2017-2018

PARENT(S):_____ HOME PHONE._____

ADDRESS :_____

CELL PHONE: _____ WORK PHONE:._____

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 15, 2017)

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: _____

_____

I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.
Signature of Parent/Guardian: _____
Date: _____

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

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!

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