

Faith Formation Registration Form

STUDENT INFORMATION (one form per child)

Last Name _____ First Name _____ Male ___ Female ___

Grade _____ School _____

Birth Date (Mo/Day/Yr) ___/___/_____ Birth Place: City _____ State _____

Place of Baptism: Parish _____ City _____ State _____

*Date of Baptism ___/___/_____

***Please provide a copy of the original Baptismal Certificate for proper Sacramental recording, unless baptized in this parish.**

OTHER SACRAMENTS RECEIVED (If Applicable)

First Reconciliation Received? ___ First Holy Communion Received? ___ Confirmation Received? ___

First Reconciliation: Parish _____ City _____ State _____

First Holy Communion: Parish _____ City _____ State _____

Confirmation: Parish _____ City _____ State _____

FAMILY INFORMATION

Mother Name _____ **Father Name** _____

Mother's Maiden Name _____ *If different from Mother's Address:*

Address _____ Address _____

Primary Phone _____ Primary Phone _____

Email _____ Email _____

Religion _____ Religion _____

Parish Church _____ Parish Church _____

Baptism received ___ First Reconciliation Received ___ Baptism received ___ First Reconciliation Received ___

First Holy Communion Received ___ Confirmation Received ___ First Holy Communion Received ___ Confirmation Received ___

Parish your Family is Registered _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone# _____ or _____

Name _____ Relationship _____ Phone# _____ or _____

CHILD LIVES WITH

Both parents Mother: Custody 100% 50% Father: Custody 100% 50%

If child does not live with both parents, does the non-custodial parent have permission to pick the child up? Yes No

Should the non-custodial parent be kept informed of all activities of the Faith Formation Program?

Yes No

If Yes, provide address _____

Is this by mutual agreement or court order?

Agreement Court Order

Please detail any special information or health problems regarding the student registering. This would include physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.). This information will be kept strictly confidential; it is for Faith Formation use only.

STUDENT'S NAME: _____

Describe any physical needs that impact learning: _____

Describe any identified learning needs: _____

Please list any allergies: _____

Please list any medications that this student takes regularly: _____

OFFICE USE ONLY

Date Registered ___/___/____ Date Paid ___/___/____ Cash() Check () Check # _____

Amount Due \$ _____ Amount Paid \$ _____ Balance Due \$ _____ Cash () Check () Check # _____