

**Faith Formation Registration
2010-2011**

Family Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Family E-Mail _____

Church registered with: _____

*******Parents/Guardians*******

Father's Name _____ Religion _____

Address (if different from above) _____

Phone _____ Cell _____ Marital Status: _____

I am interested in volunteering for:

Catechist _____ Substitute _____ Aide _____ Gatekeeper _____ Party Help _____

Mother's Name: _____

Address (if different from above) _____

Mother's Maiden Name _____ Religion _____

Phone _____ Cell _____ Marital Status _____

I am interested in volunteering for:

Catechist _____ Substitute _____ Aide _____ Gatekeeper _____ Party Help _____

I give my permission to take pictures and/or videos of my child YES _____ NO _____

*******Emergency Info*******

In the event of an emergency, if you are unable to reach me, please contact the following:

Name _____ Phone _____

Cell Phone _____ Relationship _____

Student's Name _____ Grade in 9/10 _____

Birth date ____/____/____ School_____

Was child baptized? Yes_____ No _____ Where _____

Received first communion? Yes _____ No _____ Where _____

Received first confession? Yes _____ No _____ Where _____

Are there any special needs your child has, such as medical conditions, learning needs, allergies, etc., which we should be aware of: _____

Student's Name_____ Grade in 9/10_____

Birth date ____/____/____ School_____

Was child baptized? Yes_____ No _____ Where _____

Received first communion? Yes _____ No _____ Where _____

Received first confession? Yes _____ No _____ Where _____

Are there any special needs your child has, such as medical conditions, learning needs, allergies, etc., which we should be aware of: _____

Student's Name_____ Grade in 9/10_____

Birth date: ____/____/____ School_____

Was child baptized? Yes_____ No _____ Where _____

Received first communion? Yes _____ No _____ Where _____

Received first confession? Yes _____ No _____ Where _____

Are there any special needs your child has, such as medical conditions, learning needs, allergies, etc., which we should be aware of: _____

Registration Fee: \$ 40.00 per family

Paid ___ Check ___ Cash ___ Amount _____ Make check payable to Faith Formation Office