

FAITH FORMATION REGISTRATION



Parent or Legal Guardian Information

Parent/Legal Guardian Name: _____	Relationship to Child: _____
Cell Phone_____	E-mail:_____
Street Address:_____	City:_____State:_____Zip:_____

Parent/Legal Guardian Name: _____	Relationship to Child: _____
Cell Phone_____	E-mail:_____
Street Address:_____	City:_____State:_____Zip:_____

Additional Emergency Contact Name: _____
Cell Phone_____E-mail:_____
Street Address:_____City:_____State:_____Zip:_____

Family Information

Are you a registered member of the parish listed above? :
If not, what parish are you registered at? _____

Student Information

Child's Name: _____	Age: _____	Birth Date: _____	Sex: _____
School: _____	Grade in school: _____		
Lives with: <u>Both parents</u> / <u>Other:</u> _____			
Sacraments received: Baptism 1st Reconciliation 1st Communion Confirmation			
Please explain if there are any medical or educational situations that should be brought to our attention. (Allergies, gifted, special learning style, learning disability, etc.) _____			

FORM 1 – FAITH FORMATION REGISTRATION

Parish School Religion Program (PSR) aka (CCD)

Child's Name:	Age:	Birth Date:	Sex:
School:	Grade in school:		
Lives with:	Both parents	Other:	
Sacraments received:	Baptism	1st Reconciliation	<input type="checkbox"/> 1st Communion Confirmation
Please explain if there are any medical or educational situations that should be brought to our attention.			
(Allergies, gifted, special learning style, learning disability, etc.)			

Child's Name:	Age:	Birth Date:	Sex:
School:	Grade in school:		
Lives with:	Both parents /	Other:	
Sacraments received:	Baptism	1st Reconciliation	1st Communion Confirmation
Please explain if there are any medical or educational situations that should be brought to our attention.			
(Allergies, gifted, special learning style, learning disability, etc)			

Child's Name:	Age:	Birth Date:	Sex:
School:	Grade in school:		
Lives with:	Both parents /	Other:	
Sacraments received:	Baptism	1st Reconciliation	1st Communion Confirmation
Please explain if there are any medical or educational situations that should be brought to our attention.			
(Allergies, gifted, special learning style, learning disability, etc)			

SOCIAL MEDIA DISCLAIMER Our Faith Formation program may take photographs of students; these photographs document learning and activities of the students. Please be advised we will contact you before posting any photos on our website or social media.

Parent/Guardian Signature: _____ **Date** _____