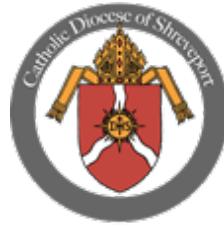


# FAITH FORMATION REGISTRATION



## 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	1 <sup>st</sup> Reconciliation	1 <sup>st</sup> 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	<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	<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)			

**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 \_\_\_\_\_