

St. Margaret of Scotland Christian Faith Formation

Registration Form



Parent / Guardian Information:

Mother's Name: _____ Maiden Name _____ Religion _____

Cell Phone: _____ Work Phone: _____ E-Mail _____

Father's Name: _____ Religion _____

Cell Phone: _____ Work Phone: _____ E-Mail _____

Who is the responsible parent/guardian that will be picking up the child after each session and receiving announcements: _____

Family Address: _____

Home Phone: _____

Emergency Contact: Name: _____ Phone: _____

2nd Emergency Contact: Name: _____ Phone: _____

Youth Information

Grade: _____ School's name presently attending: _____

Name: _____ Date of Birth: _____

Dates: Baptism: _____ Church: _____

Reconciliation: _____ Church: _____

Eucharist: _____ Church: _____

Confirmation: _____ Church: _____

Date Enrolled: _____ Registration Fee: 1 child \$50.00 2 children \$65.00 3 or more \$75

Payment: _____ Cash Y/N

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Date of payment: _____ Check Number: _____

Grade: _____ School's name presently attending: _____

Name: _____ Date of Birth: _____

Dates: Baptism: _____ Church: _____

Reconciliation: _____ Church: _____

Eucharist: _____ Church: _____

Confirmation: _____ Church: _____

Grade: _____ School's name presently attending: _____

Name: _____ Date of Birth: _____

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