

Christ the Bread of Life Parish
321 Circular Ave.
Hamden, Connecticut 06514

FAITH FORMATION REGISTRATION FORM

Family Name: _____

Father's Last Name: _____ First Name: _____ Religion: _____

Mother's Maiden Name: _____ First Name: _____ Religion: _____

Contact Address:

(Street) (City) (Zip Code)

Phones: _____
(Home) (Mother's Cell) (Father' Cell) (Emergency)

E-mail Address: _____

Child's Name: _____

Date of Birth: _____ Grade Entering in September: _____

Public School Student: _____ Catholic High School Student: _____

Special Needs Information (if any): _____

NEW STUDENTS ONLY

*Please submit a copy of Baptism Certificate

*First Reconciliation Date: _____ Place: _____

*First Communion Date: _____ Place: _____

+Choose your Class Day & Time For Grades 1-5: Mondays 4:00-5:00p.m () , or Tuesdays 4:30-5:30p.m ()

+Choose Your Class Day & Time For Grades 6-9: Mondays 7:00-8:00p.m () or Tuesdays 7:00-8:00p.m ()

Child's Name: _____

Date of Birth: _____ Grade Entering in September: _____

Public School Student: _____ Catholic High School Student: _____

Special Needs Information (if any): _____

NEW STUDENTS ONLY

*Please submit a copy of Baptism Certificate

*First Reconciliation Date: _____ Place: _____

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PICTURE VIDEO PERMISSION

Pictures of Faith Formation Students may be taken during the school year for use in class project or for the displays on the Parish Web Site and other Church events. **Please check "YES" for permission or "NO" if you do not want.**

Yes, my child's / children's picture may be taken. No, my child's / children's Picture may not be taken

EMERGENCY CONTACT

In case of emergency and parents cannot be reached at the phone number provided, the following may be called.

Name: _____ Phone #: _____ Relationship: _____

Registration & Book Fee for 2018 / 2019

YOUNGSTER(S)	AMOUNT
One Child: _____	\$ 35.00
Two Children: _____	\$ 60.00
Three or more Children: _____	\$ 75.00
Total: _____	Total Amount due: \$ _____

++++ For Office Use only +++++

Date Paid: _____ Check #: _____ or Cash: _____ Amount Paid: \$ _____

Notes: _____

PLEASE DO NOT SUBSTITUTE THIS INFORMATION SHEET WITH ANOTHER

NOTE: Form Information is very Confidential