Saint Olaf Catholic Church

Faith Formation Registration

276 East 1700 South, Bountiful, UT 84010 **Term:** 2022-2023

LY INFORMAT	ION		
nily Last Name:		Date:	
Father's Name:		Father's Cell / Work:	
Mother's Maiden:		Email Address:	
Home Phone:		Emergency Contact:	
Home Address:		Emergency Phone:	
			es / No
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:			
Class:	(Medical, Learning Disabilities	Reconciliation Prep:	
Class: Special Needs DENT #2 INFOR	(Medical, Learning Disabilities MATION	Reconciliation Prep: Confirmation: s, Physical Disabilities, etc):	
Class: Special Needs DENT #2 INFOR Child Name:	(Medical, Learning Disabilities	Reconciliation Prep: Confirmation: s, Physical Disabilities, etc): Catholic?	Yes / No
Class: Special Needs DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities MATION □ Male □ Female	Reconciliation Prep: Confirmation: s, Physical Disabilities, etc): Catholic? Sacrament Details	
Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities MATION □ Male □ Female	☐ Reconciliation Prep: ☐ Confirmation: s, Physical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism:	Yes / No
Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities MATION □ Male □ Female	☐ Reconciliation Prep: ☐ Confirmation: s, Physical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism: ☐ Eucharist:	Yes / No Check & Date All Below
Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities MATION □ Male □ Female	Reconciliation Prep: Confirmation: s, Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep:	Yes / No Check & Date All Below

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$_____ Tuition PAID: \$_____ Signature: ____

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Additional Students

Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
		_	
	(Medical, Learning Disabilities,	_	
-		•	
ENT #4 INFOR	MATION		
Child Name:		Catholic?	Yes / No
	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
		Eucharist:	
Grade:			
Grade: Session:		Reconciliation Prep:	
Grade: Session: Class:		Reconciliation Prep: Confirmation:	
Grade: Session: Class:	(Medical, Learning Disabilities,	Reconciliation Prep: Confirmation:	
Grade: Session: Class: Special Needs	(Medical, Learning Disabilities,	□ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc):	
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name:	(Medical, Learning Disabilities,	□ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc):	
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender:	(Medical, Learning Disabilities, MATION		Yes / No
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION Male Female		Yes / No
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION	Reconciliation Prep: Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below
Grade: Session: Class: Special Needs ENT #5 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, MATION Male Female		Yes / No Check & Date All Below

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