

**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): \_\_\_\_\_

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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**