Faith Formation Registration

Child's Name_____
Child's Address_____
Child's Cell Phone (optional)_____
Child's Birthdate_____
Allergies or medical conditions_____
_____

Father's Name_____
Address (if different)_____
_____
Phone_____Cell_____
Email Address_____
Place of Employment_____
Religion_____

Mother's Name_____
Address (if different)_____
_____
Phone_____Cell_____
Email Address_____
Place of Employment_____
Religion_____

Sacrament	Date	Location
Baptism		
Communion		
Confirmation		

My child has permission to be contacted on their cell phone _____yes _____no
My child has permission to be photographed _____yes _____no

Parent Signature_____

FOR OFFICE USE ONLY

2012	2013	2014	2015	2016	2017
_____	_____	_____	_____	_____	_____