



Faith Formation Registration

INDIVIDUAL STUDENT REGISTRATION CARD (please print)

Child's Last Name _____ Age _____ Grade _____

Child's First Name _____ Birthday _____

Need only fill out italicized section for one child in family

Parents' Names (first and last) _____

Address: _____

City _____ *Zip* _____ *Phone* _____

e-mail address _____ *Cell* _____

List any special needs (for example, allergies, physical restrictions, medications, ADD)

Sacramental Preparation Program (Please list sacraments your child is receiving this year: baptism, first reconciliation, first communion, confirmation)

Sacraments received. Please indicate date received, parish, city, and state

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Previous Religious Education Completed (circle grades)

N PK K 1 2 3 4 5 6 7 8 9 10 11 12

Please indicate where you might like to help in the Faith Formation program: phoning, teaching

In-class aide Substitute teacher Substitute aide Service project Miscellaneous support

I am very involved in another parish ministry but would be available in an emergency

Parent Signature: _____