

# St. Margaret Mary's Catholic Church

## Faith Formation Pre-Registration 2023-2024

Are You a Registered Parishioner at St. Margaret Mary's?  
(circle one) Yes/No

Did your child(ren) attend Faith Formation last year? (circle one) Yes/No  
If "yes", which parish? \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Family Last Name	Address	
Father's Name	Father's Cell Phone	Father's Email Address
Mother's Name	Mother's Cell Phone	Mother's Email Address

Additional Person Authorized to Pick Up Your Child(ren)"

Name	Relationship	Cell Phone Number
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Student Full Name:	Current Grade	Sacraments Received (circle all that apply)	Sacraments to be received this year	Medical / Allergies	For ages 3-9, please select preferred class time	Office Use Only:
		Baptism - Year _____ 1st Communion - Year _____ Reconciliation - Year _____		Yes No	Ages 3-9 , 4:00pm (2hrs) or Ages 3-9 , 6:45pm (1 .25 hrs)	CP:
		Baptism - Year _____ 1st Communion - Year _____ Reconciliation - Year _____		Yes No	Ages 3-9 , 4:00pm (2hrs) or Ages 3-9 , 6:45pm (1 .25 hrs)	CP:
		Baptism - Year _____ 1st Communion - Year _____ Reconciliation - Year _____		Yes No	Ages 3-9 , 4:00pm (2hrs) or Ages 3-9 , 6:45pm (1 .25 hrs)	CP:
		Baptism - Year _____ 1st Communion - Year _____ Reconciliation - Year _____		Yes No	Ages 3-9 , 4:00pm (2hrs) or Ages 3-9 , 6:45pm (1 .25 hrs)	CP:
		Baptism - Year _____ 1st Communion - Year _____ Reconciliation - Year _____		Yes No	Ages 3-9 , 4:00pm (2hrs) or Ages 3-9 , 6:45pm (1 .25 hrs)	CP:

Please list any IEP, medical conditions or allergies: \_\_\_\_\_

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