

## 2025-2026 COLG FAITH FORMATION REGISTRATION

FFF 7/2025

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Was you child enrolled in COLG Faith Formation last year? Yes \_\_\_\_\_ No \_\_\_\_\_ Parish \_\_\_\_\_

Does you child need any of the following Sacraments? \_\_\_\_\_ Baptism \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

In case of an emergency, best contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have allergies? NO \_\_\_\_\_ YES \_\_\_\_\_ WHAT ALLERGIES? \_\_\_\_\_

Provide us additional information about the child allergies If needed \_\_\_\_\_

**SACRAMENTS RECEIVED (please provide a copy of the certificate of the Sacraments your child received)**

Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_ City/State \_\_\_\_\_

Communion) Church: \_\_\_\_\_ Date: \_\_\_\_\_ City/State \_\_\_\_\_

Confirmation Church: \_\_\_\_\_ Date: \_\_\_\_\_ City/State \_\_\_\_\_

Cost is \$60 for one(1) child, \$90 for two or more. Payment Plans Available

Name/Relation to student: \_\_\_\_\_ Date: \_\_\_\_\_

Mar

FOR OFFICE USE ONLY: Student copy of Baptismal Certificate Received? \_\_\_\_\_ Prior Year's Attendance Verified? \_\_\_\_\_ Paid in full? Y \_\_\_\_\_ NO \_\_\_\_\_