

# FAITH FORMATION REGISTRATION FOR 2022 - 2023

## REGISTRATION INFORMATION NEEDED:

PLEASE PRINT NAME OF CHILD/CHILDREN	DATE OF BIRTH	CURRENT SCHOOL GRADE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
_____	_____	_____

## PLEASE ANSWER WHETHER YOUR CHILD(REN) HAVE ALREADY RECEIVED THE FOLLOWING SACRAMENTS (Answer Individually)

1 Child's FIRST Name: \_\_\_\_\_ Baptism: Yes \_\_\_\_\_ No \_\_\_\_\_  
First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_  
First Communion Church: \_\_\_\_\_ Date: \_\_\_\_\_

2 Child's FIRST Name: \_\_\_\_\_ Baptism: Yes \_\_\_\_\_ No \_\_\_\_\_  
First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_  
First Communion Church: \_\_\_\_\_ Date: \_\_\_\_\_

3 Child's FIRST Name: \_\_\_\_\_ Baptism: Yes \_\_\_\_\_ No \_\_\_\_\_  
First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_  
First Communion Church: \_\_\_\_\_ Date: \_\_\_\_\_

4 Child's FIRST Name: \_\_\_\_\_ Baptism: Yes \_\_\_\_\_ No \_\_\_\_\_  
First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Baptism Church: \_\_\_\_\_ Date: \_\_\_\_\_  
First Communion Church: \_\_\_\_\_ Date: \_\_\_\_\_

## PRINT ANY ALLERGIES THAT YOUR CHILD/CHILDREN MAY HAVE:

_____
_____
_____

PLEASE PRINT PARENTAL INFORMATION	
Name of Father	Cell Phone Number of Father
Name of Mother	Cell Phone Number of Mother
Mailing Address	
City / State/ Zip Code	
Home Phone Number	
Email Address of Parents	

Where? \_\_\_\_\_

Date Registration Form Completed \_\_\_\_\_