

# Saint Olaf Catholic Church

## Faith Formation Registration

276 East 1700 South, Bountiful, UT 84010

**Term:** 2022-2023

### FAMILY INFORMATION

<b>Family Last Name:</b> _____	<b>Date:</b> _____
Father's Name: _____	Father's Cell / Work: _____
Mother's Name: _____	Mother's Cell / Work: _____
Mother's Maiden: _____	Email Address: _____
Home Phone: _____	<b>Emergency Contact:</b> _____
Home Address: _____	Emergency Phone: _____
City, ST Postal: _____	Both Parents Catholic? Yes / No

### STUDENT #1 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

### STUDENT #2 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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### Additional Students

#### STUDENT #3 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

#### STUDENT #4 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

#### STUDENT #5 INFORMATION

**Child Name:** \_\_\_\_\_

**Catholic?** Yes / No

Gender: ☐ Male ☐ Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_

☐ Baptism: \_\_\_\_\_

Grade: \_\_\_\_\_

☐ Eucharist: \_\_\_\_\_

Session: \_\_\_\_\_

☐ Reconciliation Prep: \_\_\_\_\_

Class: \_\_\_\_\_

☐ Confirmation: \_\_\_\_\_

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

\_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_