

Faith Formation Family Registration Form

Family Last Name _____ Home Phone # _____		
Address _____ E-mail: _____		
City, State & Zip _____		
Mother's First & Last Name _____	Religion _____	Parish/Church _____
Father's First & Last Name _____	Religion _____	Parish/Church _____

Parent Sacrament Info			
If received, enter "X"			
Bap	Recon	Euch	Conf

Student(s) Registering in program:					
Last Name	First Name	Birthdate	Grade	School	

Student Sacrament Info			
If received, enter "X"			
Bap	Recon	Euch	Conf

Emergency Contact	Name _____	Relationship: _____
	Phone # _____	or _____
	Name _____	Relationship: _____
	Phone # _____	or _____

Child(ren) live with: Both Parents	Mother: Custody 100%	50%	Father: Custody 100%	50%
If children do not live with both parents does the non-custodial parent have permission to pick up the child? Yes No		Should the non-custodial parent be kept informed of all activities of the Faith Formation Program? Yes No (If yes, provide address)		
Is this by mutual agreement or court order? Agreement Court Ordered		_____		

Please detail any special information or health problems regarding each of the students registering on the back of this page. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.). This information will be kept strictly confidential; it is for Faith Formation personnel use only.

(OVER) →

Individual Child's Information	Child's Name: _____
	Describe any physical needs that impact learning: _____
	Describe any identified learning disability/needs: _____
	Please list any allergies: _____
	Please list any medications that this child takes regularly: _____

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