

REGISTRATION FORM FOR FAITH FORMATION CLASS

(4 yrs. – 12th grade)

School year 20__ - 20__

Grade _____

Child's Name _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ Emergency Phone _____

Child's Birth Date _____ Parents name _____

Parent email _____

Student email (Middle and High school) _____

*Please note any special medical, family, or other circumstances that will be helpful to understanding your child (use back of form if needed). _____

PERMISSION TO SEEK MEDICAL HELP

IF I CANNOT BE REACHED IN CASE OF EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR MY CHILD _____.

Signature of Parent/Guardian Date

Medical Insurance _____
Company Name Policy #

School Child Attends _____

Date of Baptism _____ Church _____

Date of First Reconciliation _____ Church _____

Date of First Eucharist _____ Church _____

Date of Confirmation _____ Church _____

*If you would like to volunteer please sign-up below:

____ Substutute Teacher _____ Teacher's Assistant

____ Catechist _____ Chaperone/Driver (Middle and High School)