

**St. Kateri Tekakwitha Family Faith Formation Registration**  
School Year \_\_\_\_\_

Please return form & payment to Parish office. Fee: \$100 per family.

Make checks payable to: St. Kateri Catholic Church.

Office Use Only: Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash  
Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_

**PLEASE PRINT CLEARLY AND LEGIBLY**

**Family Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Registered Parish:** \_\_\_\_\_

**Registered Parish:** \_\_\_\_\_

Please provide the church name, city & state of each of the following Sacraments for the parents.

**Baptism:** \_\_\_\_\_

**Baptism:** \_\_\_\_\_

**Eucharist:** \_\_\_\_\_

**Eucharist:** \_\_\_\_\_

**Confirmation:** \_\_\_\_\_

**Confirmation:** \_\_\_\_\_

**Marriage:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

Please provide information for every child, under the age of 18, living in the home. Please provide the church name, city, state and date of each of the following Sacraments.

Please include any additional information which would be helpful in teaching your child such as learning or behavior style.

Child's Full Name: \_\_\_\_\_

Place, City & Date of Birth: \_\_\_\_\_

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

Food Allergies: \_\_\_\_\_

Baptism: \_\_\_\_\_ Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Child Lives

With: \_\_\_\_\_

Where did child participate in Faith Formation last year if not at our Parish? \_\_\_\_\_

Additional Information: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Place, City & Date of Birth: \_\_\_\_\_

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

Food Allergies: \_\_\_\_\_

Baptism: \_\_\_\_\_ Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Child Lives

With: \_\_\_\_\_

Where did child participate in Faith Formation last year if not at our Parish? \_\_\_\_\_

Additional Information: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Place, City & Date of Birth: \_\_\_\_\_

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

Food Allergies: \_\_\_\_\_

Baptism: \_\_\_\_\_ Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_ Child Lives

With: \_\_\_\_\_

Where did child participate in Faith Formation last year if not at our Parish? \_\_\_\_\_

Additional Information: \_\_\_\_\_