ST. Kateri Tekakwitha Family Faith Formation Registration

School Year				
Please return form & payments to I	Parish office. Fee: \$1	00.00 per Family	/.	
Makes checks payable to: St. Kater				
Office Use Only: Date Paid	Check #	Cash	Received	Receipt #
Staff Initials				
		NT CLEARLY AN		
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 o	church name, city & s	tate of each of t	he following Sacramer	ts 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 fo each of the following Sacraments

Place City & Date of Birth:				
Food Allergies:				
Baptism:	Eucharist:			
Confirmation:	Child Lives With:			
Where did the child participate in Fa	aith Formation last year if not at our Parish?			
Child's Full Name:				
Place, City & Date of Birth:				
School:	Grade:			
Food Allergies:				
Baptism:				
Confirmation:				
	Formation Last year if not at our Parish:			
Child's Full Name:		_		
Place, City & Date of Birth:				
School:	Grade:			
Food Allergies:				
Baptism:				
Confirmation:	Child Lives With			

PLEASE ATTACH 2ND SHEET IF NECESSARY FOR ADDITIONAL CHILDREN