

Family Name:	Parent's phone number:	Family emails (no children's email please):
	Mother:	Mother:
	Father:	Father:

Address Where Child Resides: _____

Father's first and last name:	Religion:	Mother's first and last name:	Religion:
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Address of Parent/Guardian if different than child (please indicate whose address this is): _____ Parish where you are registered & active: _____

Childs first and last name	Gender	Birthdate	Grade in Sept. 2022	School	Baptism Place/Date	First Eucharist Place/Date

Please check all that apply: <input type="checkbox"/> 2 parents at home <input type="checkbox"/> Mother deceased <input type="checkbox"/> Father deceased <input type="checkbox"/> Divorced/ separated <input type="checkbox"/> Mom has remarried <input type="checkbox"/> Child(ren) with mom <input type="checkbox"/> Dad has remarried <input type="checkbox"/> Child(ren) with dad <input type="checkbox"/> Child(ren) w/adult other than parent	Please specify if child(ren) have any special needs such as medical/learning etc.	Emergency number other than parents:
	Where did child(ren) participate in Faith Formation last year?	Name of emergency contact:
	Pictures may be taken during Faith Formation programs or sessions and could be posted to parish website or bulletin. <i>If you do not want your child's picture taken and posted, please sign here to opt out.</i> X	Relationship to child:
	Parent Signature: X	Name and address if mail should go to non-custodial parent.
	Date: _____	

FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Amt. Due:	Amt. Pd:	Ck. #	Cash	Bal. Due:
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