

Saint Elizabeth Ann Seton Catholic Church
Faith Formation Registration Form
This form is for Pre-K – 8th Grade Youth

Children Information			
Child Name: _____	Grade: _____	DOB: _____	
Child Name: _____	Grade: _____	DOB: _____	
Child Name: _____	Grade: _____	DOB: _____	

Mother / Guardian Information
 (Primary Parent / Guardian Contact)

Name: _____ Phone: _____

Email: _____ Text Messaging: Yes No

Father / Guardian Information
 (Primary Parent / Guardian Contact)

Name: _____ Phone: _____

Email: _____ Text Messaging: Yes No

Mailing Address			
Street Address: _____			
City: _____	State: NC	Zip Code: _____	

Non-Parent / Guardian Emergency Contact

Name: _____ Phone: _____

Dietary Restrictions, Allergies, Medical Concerns, Special Needs	
Child Name: _____	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
	Details:
Child Name: _____	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
	Details:
Child Name: _____	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No
	Details:

Continued On Reverse

(FOR OFFICE USE ONLY)

Registration Fees Paid: Waived: _____ Online: _____ Cash: _____ Check Number: _____

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Sacramental History

Child Name: _____	Baptized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Received Communion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Name: _____	Baptized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Received Communion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Name: _____	Baptized:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Received Communion:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Confirmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Acknowledgements

Initials: _____ I acknowledge that photos of my youth may be used for promotional and spiritual purposes, including via the parish websites and social media outlets.

Initials: _____ I have been provided with a copy of the ***Faith Formation Code of Conduct*** and agree to abide by its contents.

(FOR OFFICE USE ONLY)

Registration Fees Paid: Waived: _____ Online: _____ Cash: _____ Check Number: _____