

SAINT BENEDICT PARISH
FAITH FORMATION REGISTRATION
2018-19 SCHOOL YEAR

Parent/Guardian Information (Please fill out completely)

Today's Date _____

Name of Adult with whom children reside

Relationship to Children: _____
Address: _____
City: _____ Zip: _____
Email Address: _____
Home Phone: _____
Cell Phone: _____
Religion: _____
Marital Status: _____

Other Adult: _____
Relationship to Children: _____
Address: _____
City: _____ Zip: _____
Email Address: _____
Home Phone: _____
Cell Phone: _____
Religion: _____
Marital Status: _____

Student Information (Please fill out completely)

1st Student:

Last Name: _____ First Name: _____ Age: _____
Birth Date: _____ Sex: _____ Grade 2018-19: _____ School: _____
Sacraments already received: Baptism _____ Reconciliation _____ First Communion _____ Confirmation: _____
Allergies/Health Considerations: _____

2nd Student

Last Name: _____ First Name: _____ Age: _____
Birth Date: _____ Sex: _____ Grade 2018-19: _____ School: _____
Sacraments already received: Baptism _____ Reconciliation _____ First Communion _____ Confirmation: _____
Allergies/Health Considerations: _____

3rd Student

Last Name: _____ First Name: _____ Age: _____
Birth Date: _____ Sex: _____ Grade 2018-19: _____ School: _____
Sacraments already received: Baptism _____ Reconciliation _____ First Communion _____ Confirmation: _____
Allergies/Health Considerations: _____

Initial here: _____ if the above information may be provided to your students R.E. teachers.