

# Catholic Tri-Parishes

## Faith Formation Registration Form

St. Columbkille

Holy Family

St. John the Baptist

Office: (920) 927-3102

Fax: (920) 927-1970

Faith Formation Year: 2025/2026 Fees: \$35/child and \$70 maximum

**Home Parish:**

Holy Family, Reeseville \_\_\_\_\_

St. Columbkille, Elba \_\_\_\_\_

St. John the Baptist, Clyman \_\_\_\_\_

Other: \_\_\_\_\_

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

**Family Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Street

City

Zip

**Children** who will attend Faith Formation:

<b>Name:</b>	<b>Birthdate</b>	<b>Grade</b>	<b>Baptized</b>	<b>1st Confession</b>	<b>1st Eucharist</b>
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_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

_____	____/____/____	____	Y N	Y N	Y N
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Note the church where each sacrament was received here: \_\_\_\_\_

**Emergency Contact Information:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_