

Today's Date: _____

Saint Clement Catholic Church

1104 N. Alexander Street • Plant City, FL. 33563

Faith Formation Registration 2021-2022



Family Last Name: _____

Father/Guardian: _____

Mother/Guardian: _____

Use Mother's Maiden Last Name

Address	City	State	Zip
Home Phone #	Cell Phone #	Emergency Phone #	E-mail

Child(ren) lives with: Both Parents Mother Father Guardian (provide a copy of custody documents)

All Children must be at least 7 years old to begin Sacramental First Communion preparation and COMPLETE two (2) consecutive years in the Faith Formation program.

Parent/Guardian Consent:

I consent for my child to be registered in St. Clement's Catholic Church Faith Formation Program, I commit to taking an active role in their faith development. I understand that as the **Primary Catechist** for my child, I assume responsibility for their attendance, behavior, and meeting the guidelines for the preparation of this sacrament. I also understand that registration will not be complete until the reg. fee is paid. I give permission to use photographs taken of my child during Faith Formation for the bulletin or any activities within the Parish.

Parent/Guardian Signature

Date

Fees: CGS, Faith Formation (K-7th) and/or 1st Com. \$45 each OR 3 or more children \$110

Please make checks payable to St. Clement Church

Teens in 8th grade or higher maybe eligible to register for Confirmation. Please contact Myriam Reyna

Student's Name as it appears on Birth Certificate: _____

First Name

Middle Name

Last Name

Date of Birth: _____ Place of Birth: _____ Sex: Female Male
(mm/day/year) City, State

Please list any health, physical or educational needs your child may have: _____

School Name: _____ Grade: _____

Did Child attend Faith Formation last year? Yes, in what grade? _____ No

Please indicate if Child has received:

Baptism

Name of Church

Church Address

Date of Baptism

PLEASE PROVIDE A COPY OF BIRTH AND BAPTISM CERTIFICATE

Please choose ONE learning option: Classroom Model OR Faith-At-Home

For Office/Para la Oficina:

Cuanto Pago: _____

Cuanto Pago: _____

Cuanto Pago: _____

Fecha: _____

Fecha: _____

Fecha: _____

Balance: _____

Balance: _____

Balance: _____

Cash/Card/Cheque # _____

Cash/Card/Cheque # _____

Cash/Card/Cheque # _____

Initials _____

Initials _____

Initials _____

If you have more children, please fill out the back side.



Information on Student # 2

Student's Name as it appears on Birth Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Sex: Female Male
(mm/day/year) City, State

Please list any health, physical or educational needs your child may have: _____

School Name: _____ Grade: _____

Did Child attend Faith Formation last year? Yes, in what grade? _____ No

Please indicate if Child has received:

Baptism _____
Name of Church Church Address Date of Baptism

PLEASE PROVIDE A COPY OF BIRTH AND BAPTISM CERTIFICATE

Please choose ONE learning option: Classroom Model OR Faith-At-Home

Information on Student # 3

Student's Name as it appears on Birth Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Sex: Female Male
(mm/day/year) City, State

Please list any health, physical or educational needs your child may have: _____

School Name: _____ Grade: _____

Did Child attend Faith Formation last year? Yes, in what grade? _____ No

Please indicate if Child has received:

Baptism _____
Name of Church Church Address Date of Baptism

PLEASE PROVIDE A COPY OF BIRTH AND BAPTISM CERTIFICATE

Please choose ONE learning option: Classroom Model OR Faith-At-Home

Information on Student # 4

Student's Name as it appears on Birth Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____ Sex: Female Male
(mm/day/year) City, State

Please list any health, physical or educational needs your child may have: _____

School Name: _____ Grade: _____

Did Child attend Faith Formation last year? Yes, in what grade? _____ No

Please indicate if Child has received:

Baptism _____
Name of Church Church Address Date of Baptism

PLEASE PROVIDE A COPY OF BIRTH AND BAPTISM CERTIFICATE

Please choose ONE learning option: Classroom Model OR Faith-At-Home