

St. Sebastian Catholic Church
Faith Formation
Grade 8 – First Year Prep. for Confirmation
REGISTRATION 2020 – 2021

OFFICE ONLY

Completed Reg. _____

Baptismal Cert. _____

Cash: _____ Check: _____

PLEASE PRINT ALL INFORMATION:

Student Name: _____
(First) (Middle) (Last)

Address: _____
(#, Street) (City) (State) (Zip)

Student resides with: (Circle which apply) Father Mother Both Guardian (If guardian; please give us name and contact info if different from above.)

<u>Sacraments Received</u>	<u>Date</u>	<u>Name of Church, City and State</u>
_____ Baptism	____/____/____	_____
_____ Reconciliation	____/____/____	_____
_____ Eucharist	____/____/____	_____

Date of Birth: ____/____/____ City and State of Birth: _____

Name of School currently attending? _____

Was your child involved in Faith Formation last year at St. Sebastian? _____ Yes _____ No

What grades has your child participated in Faith Formation here at St. Sebastian?

Circle all that apply: Pre-K K 1 2 3 4 5 6 7

Was your child involved in Faith Formation in another parish? _____ Yes _____ No

If yes, name of parish: _____ City and State: _____

We are active, registered members of St. Sebastian. Year of Reg. _____