

St Vincent de Paul Catholic Church

(updated 4-4-2016)

FAITH FORMATION PROGRAM REGISTRATION FORM 2018-2019

STUDENT INFORMATION:

Full Name _____ Nickname _____

Grade 2018-19 _____ School: _____

Date of Birth (mm/dd/yr): _____ Age (as of last birthday): _____

Total number of years of religious formation: Parish Programs _____ Catholic School _____

Where did student attend Faith Formation last year: _____

Sacraments received to date: Baptism* _____ Reconciliation _____ Communion _____ Confirmation _____

* Certificate on File _____

* Please submit a copy of child's baptism certificate to Faith Formation Office if not already on file.

Will student make First Reconciliation & First Communion this year: Communion _____
Confirmation _____

Does student have any special problems (health, allergies, disabilities, etc.) which might affect their ability to participate in classes? Any other information we should know? If so, please explain (use reverse side if needed):

PARENTS/GUARDIAN INFORMATION: Primary language spoken at home: _____

Names: Mother _____ Father: _____

Guardian _____

Address (where student resides): Street _____ City _____ Zip Code _____

Home Phone: _____ Work/Cell Phone(s): Father _____ Mother _____

Phone number for text messaging _____ Note: Will be used in the event of cancellation due to weather or if emergency numbers are invalid. Will also be used to notify families of important program updates.

Emergency Contact Names/Number(s) In case parents can't be contacted: _____

E-mail: Father _____ Mother _____

Name(s) of those who may pick up your child after class: _____

Name(s) of anyone who is specifically not allowed to pick up child: _____

Parent/guardian Signature _____ Date _____

