St. Pius X R.C. Church
Office of Faith Formation
1 St. Pius X Court
Plainview, NY 11803

516-822-8348
piuscat@optonline.net
www.stpiusxrc.com

Child's Permanent Record

Child's Name: _____

Home Phone # _____ Faith Formation Grade Level this Sept. '20-21: _____

Address: _____
Street Town Zip Code

Child's Date of Birth: _____/_____ / _____ School: _____ School Grade Level '20-'21: ____

BAPTISM: Church _____ Date: _____

Location _____
Town State Zip Code

FAMILY INFORMATION

MOTHER'S NAME: _____ Maiden Name: _____
First Last

Mother's Address: _____
Street Town Zip Code

Religion, if not Catholic: _____ Mother's Primary Phone: _____

FATHER'S NAME: _____
First Last

If different from mother's,

Father's Address: _____
Street Town Zip Code

Religion, if not Catholic: _____ Father's Primary Phone: _____

If you are a single or remarried parent: please select who has legal custody of this child:

Mother ☐ Father ☐ Grandparent ☐ Other ☐ Phone # _____

Name: _____ Address: _____

Other children / youth in household:

NAME	DATE OF BIRTH	2020-2021 SCHOOL GRADE

Other than English, which language(s), including sign language, is/are spoken in the home?

_____

For office use only:

Entered in Database:	*Baptismal Certificate:*	*Parish Registration:*