

Faith Formation Student Registration Form 2017-2018

Student Name: _____

Gender: Female / Male

Date of Birth: _____ Grade: _____ Child Speaks: _____ English _____ Spanish _____ Both

School's Name: _____

Parent/Guardian Name _____ Email: _____

Sacraments already received: _____ Baptism _____ 1st Reconciliation / 1st Eucharist _____ Confirmation

Was your child baptized Catholic?

____ (YES) Name of Parish _____ City _____ State _____ Date _____

____ (NO) What denomination _____ Church _____ City _____ State _____ Date _____

Last Faith Formation Class Attended...

_____ This is my first year in Faith Formation Class

_____ I have attended Faith Formation Classes the last being at _____ year _____ grade _____
Where?

Register my child in the following...

FAITH FORMATION ELEMENTARY:

_____ Elementary (Grades Pre-K thru 5th) *ENGLISH- Sundays 8:30-9:45 am*

_____ Elementary (Grades Pre-K thru 5th) *SPANISH- Sundays 10:30-11:45 am*

_____ Reconciliation and Eucharist (Grades 2nd-5th) **Year 1** _____ **Year 2** _____ ENGLISH _____ SPANISH _____

_____ RCIA for children (Age 7 or above thru 5th grade)

FAITH FORMATION JUNIOR HIGH/HIGH SCHOOL:

_____ EDGE (Junior High Grades 6-8) *ENGLISH ONLY – Sundays 3:45-7:15pm – INCLUDES MASS & MEAL*

_____ LIFETEEN (High School Grades 9-12) *ENGLISH ONLY – Sundays 3:45-7:15pm – INCLUDES MASS & MEAL*

_____ Reconciliation and Eucharist (Grades 6th-12th)

_____ Confirmation (Grades 10th-12th)

_____ RCIA for children (Grades 6th-12th)

Confirmation is now a one year program AFTER two years of regular faith formation (Life Teen) and is made in the 11th or 12th grade year with Life Teen being optional in the 3rd year. The only exception is if a student is enrolled in a Catholic High School instead of regular faith formation.

PARENT/GUARDIAN INFORMATION:

FATHER'S/GUARDIAN'S NAME: _____ RELIGION _____
EMAIL: _____ CELL PHONE: _____

MOTHER'S/GUARDIAN'S NAME: _____ RELIGION _____
EMAIL: _____ CELL PHONE: _____

EMERGENCY AND MEDICAL INFORMATION

IF PARENTS CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING IN CASE OF AN EMERGENCY:

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____

Does this child have any allergies (especially food allergies) or physical restrictions?

Is there any additional information that would be helpful to the student's teachers? (For example: physical challenges, family crisis - divorce, separation, death, or sudden illness?)

Has this child been diagnosed with learning challenge? _____ Yes _____ No

If Yes, please explain.

Is there anyone to whom your child may not be released or is not allowed to go home with?

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____