

St. Clare Faith Formation Registration 2017-2018

(OFFICE USE ONLY) TYPE: _____

DAY: _____

TIME: _____

TEACHER: _____

STUDENT INFORMATION: (please print)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (city and state) _____

GRADE IN SEPTEMBER 2017: _____

GENDER: FEMALE

MALE

FAMILY INFORMATION: (please print)

FATHER:

Last Name: _____

First Name: _____

Religion: _____

Home phone: _____

Cell: _____ Text? Y N

Work: _____

MOTHER:

Last Name: _____

First Name: _____

Maiden Name: _____

Religion: _____

Home phone: _____

Cell: _____ Text? Y N

Work: _____

Family E-mail Address (please use the address checked most often): We communicate via email often

CONTACT INFORMATION: (please print)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

With whom does this child reside? Both parents Mother Father Shared custody

MAILING ADDRESS: (Alternate) _____

CITY: _____ STATE: _____ ZIP CODE: _____

Send mail to alternate address too? YES NO

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CLASS PREFERENCES (please indicate your first, second and third choices with a 1, 2 or 3 in the space)

Class times	Tuesday	Wednesday	Thursday
4:00 – 5:00 pm			
5:30 – 6:30 pm			

Confirmation Classes	Sunday 6:15 – 7:45 pm	Thursday 5:30 – 7:00 pm
Year 1 or Year 2		

SACRAMENT INFORMATION: (Please provide a copy of child's Baptismal Certificate)

Exact date of Baptism: _____ Catholic Other denomination _____

CHURCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

Has your child received the following Sacraments?

RECONCILIATION YES NO EUCHARIST YES NO

SIBLINGS IN FAITH FORMATION THIS YEAR:

NAME: _____ GRADE (September 2017): _____

NAME: _____ GRADE (September 2017): _____

NAME: _____ GRADE (September 2017): _____

NAME: _____ GRADE (September 2017): _____

EMERGENCY INFORMATION:

Does your child have any special needs? _____

Does your child have an IEP at school? _____ What can we do to be consistent? _____

Does your child have any allergies or medical concerns? _____

In case of an emergency during the hours your child is in class, whom should we contact?

NAME: _____ PHONE: _____

St. Clare has my permission to publish my child's photograph:

in the bulletin on the parish website/Facebook pages other parish publications

X _____

(Parent or legal guardian signature)

ENVELOPE # _____	<input type="checkbox"/> FAF	<input type="checkbox"/> FA	<input type="checkbox"/> CatDis	<input type="checkbox"/> SibDis
Pmt rec'd: \$ _____	date: _____	Check #: _____		