

# St. Clare Faith Formation Registration 2018-2019

Info ✓

Ent

Inv

(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 2018: \_\_\_\_\_ 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

# St. Clare Faith Formation Registration 2018-2019

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:**

(For children entering a sacrament prep year, 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

EUCCHARIST  YES  NO

**SIBLINGS IN FAITH FORMATION THIS YEAR:**

NAME: \_\_\_\_\_

GRADE (September 2018): \_\_\_\_\_

NAME: \_\_\_\_\_

GRADE (September 2018): \_\_\_\_\_

NAME: \_\_\_\_\_

GRADE (September 2018): \_\_\_\_\_

**HEALTH INFORMATION:** To help serve your child better, does your child have any special learning needs or concerns we should know about (ADHD, ASD, Dyslexia...)? \_\_\_\_\_

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 #: _____		