

2001-2002 Faith Formation Registration

Sunday School (age 3-K) through Grade 8 Classroom & Celebrate the Word & CIC
Sacraments of: Reconciliation, Eucharist & Confirmation

Please print clearly and complete ALL information

Relationship to student

Head of Household: _____ work # (____) _____

Spouse: _____ work# (____) _____

Address: _____, City _____ State _____ Zip _____

Home phone: (____) _____ e-mail _____ cell/page _____

Please indicate the sacraments each student has received

Student Name, First, Middle, Last	Birth date	Age 09/01/01	Sex	Grade	School	Program	Day/Time	Baptism	Penance	Euch.
<i>Example:</i> Sarah Lynn Johnson	12-28-88	12	F	7	Highview	Classroom or Rec/Euch or Confirm.	Wed/6:30	Yes No	Yes No	Yes No

Please indicate any special needs or concerns: _____

If student is in first grade or new to our program and NOT Baptized at St. John's, please attach a COPY of his/her baptismal certificate to this form.
Availability of classes will depend on volunteer teachers.

For Office Use only:	Parish Family #	Family Area
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