

FAITH FORMATION REGISTRATION FORM 2018-2019

Name/Head of Household (please print) _____

Phone _____ email _____

Address _____

Check the Sacraments that you **have** received:

Baptized

Holy Communion

yes ___ no ___

yes ___ no ___

Confirmed

Reconciliation

yes ___ no ___

yes ___ no ___

Marital Status/Single _____

Name /Head of Household (please/print) _____

Phone _____ email _____

Adress _____

Check the Sacraments that you **have** received:

Baptized

Holy Communion

yes ___ no ___

yes ___ no ___

Confirmed

Reconciliation

yes ___ no ___

yes ___ no ___

Marital Status/Single _____

EMERGENCY CONTACT INFORMATION (other than numbers listed above)

NAME _____ PHONE NUMBER _____

REQUESTED DONATION:

We are asking each family to consider donating \$25.00 per child \$50.00 max per family.

Additional donations are always welcome.!

VOLUNTEERS NEEDED:

Passing on the Faith to our children and youth requires many volunteers with different gifts and talents. Please consider helping us out and volunteering some way . If you would like to assist in some way please text 903-930-6912 to sign up. Thank you for helping us share the Good News of Jesus Christ!!!!

CHILD/YOUTH Information

NAME _____ GRADE _____ AGE _____ BIRTHDATE _____

Allergies/medical information _____

Baptized

Reconciliation

Confirmation

Holy Communion

yes ___ no ___

yes ___ no ___

yes ___ no ___

yes ___ no ___

Request to receive Sacraments (please list the sacrament(s) you would like to **prepare** your child for this year):

If Baptized list Name/Address of Church _____

PHOTO RELEASE (please initial) yes ___ no ___ I grant permission to use my child/youth name and/or photographic images in the production of brochures, newsletters, websites, facebook, newspaper, etc. (any social media).

CHILD/YOUTH Information

NAME _____ **GRADE** _____ **AGE** _____ **BIRTHDATE** _____

Allergies/medical information _____

Baptized	Reconciliation	Confirmation	Holy Communion
yes ___ no ___	yes ___ no ___	yes ___ no ___	yes ___ no ___

Request to receive Sacraments (please list the sacrament(s) you would like to **prepare** your child for this year):

If Baptized list Name/Address of Church _____

PHOTO RELEASE (please initial) yes ___ no ___ I grant permission to use my child/youth name and/or photographic images in the production of brochures, newsletters, websites, facebook, newspaper, etc. (any social media).

CHILD/YOUTH Information

NAME _____ **GRADE** _____ **AGE** _____ **BIRTHDATE** _____

Allergies/medical information _____

Baptized	Reconciliation	Confirmation	Holy Communion
yes ___ no ___	yes ___ no ___	yes ___ no ___	yes ___ no ___

Request to receive Sacraments (please list the sacrament(s) you would like to **prepare** your child for this year):

If Baptized list Name/Address of Church _____

PHOTO RELEASE (please initial) yes ___ no ___ I grant permission to use my child/youth name and/or photographic images in the production of brochures, newsletters, websites, facebook, newspaper, etc. (any social media).

CHILD/YOUTH Information

NAME _____ **GRADE** _____ **AGE** _____ **BIRTHDATE** _____

Allergies/medical information _____

Baptized	Reconciliation	Confirmation	Holy Communion
yes ___ no ___	yes ___ no ___	yes ___ no ___	yes ___ no ___

Request to receive Sacraments (please list the sacrament(s) you would like to **prepare** your child for this year):

If Baptized list Name/Address of Church _____

PHOTO RELEASE (please initial) yes ___ no ___ I grant permission to use my child/youth name and/or photographic images in the production of brochures, newsletters, websites, facebook, newspaper, etc. (any social media).

PARENT GUARDIAN SIGNATURE: _____ DATE: _____