

TUESDAY EVENING FAITH FORMATION
REGISTRATION FORM
FOR GRADES KN through 5 for 2018-2019



Today's Date: _____
 Family's Last Name: _____
 Address: _____

Home Parish: _____

Phone Numbers: (H) _____ (W) _____

Father's name: _____ Cell: _____

Mother's name _____ Cell: _____

Email address: _____

Please check one of the following: _____ new registration _____ returning registration

NAMES OF CHILDREN:

1) Name: _____ DOB: ___/___/___ sex: M / F
 School: _____ Grade: _____
 Health Information: _____

2) Name: _____ DOB: ___/___/___ sex: M / F
 School: _____ Grade: _____
 Health Information: _____

3) Name: _____ DOB: ___/___/___ sex: M / F
 School: _____ Grade: _____
 Health Information: _____

Emergency Information:

While your child/children are in our care it is important for us to have the following information:

***Whom should we contact in case of emergency? (If different from above)

Name: _____ Phone: _____

*** List all individuals who are permitted to pick up your child/children (i.e. names of parents grandparents, neighbor, etc) _____

Parent Signature: _____

<p>Registration Fee: One Child-\$20.00 Two Children-\$35.00 Three or more children \$45.00</p> <p>Office Use Only: Date Received: _____ Paid: \$ _____ Check# _____ Cash _____ Not Paid _____</p> <p>Make checks payable to???????? St. Therese Church or St. Joseph Church</p>

Continued - OVER

