

ST. TERESA OF CALCUTTA/ ST. JOSEPH PARISH

FAITH FORMATION REGISTRATION FORM

Please circle which Church you attend:

St. Catherine /Our Lady of Ransom/ St. Elizabeth Ann Seton/ St. Joseph

Date: _____

Parents or Guardians

Last Name: _____ First Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Home # _____ Work # _____

Email: _____

Last Name: _____ First Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Home # _____ Work # _____

Child Information:

1. First Name: _____ Last Name: _____

Grade: _____ Age: _____ Birth Date: _____ M/F: _____

Sacraments Received (please check): Baptism _____ Confirmation _____

1st Eucharist _____ Reconciliation _____ Allergies: _____

2. First Name: _____ Last Name: _____

Grade: _____ Age: _____ Birth Date: _____ M/F: _____

Sacraments Received: Baptism: _____ Confirmation: _____

1st Eucharist: _____ Reconciliation: _____ Allergies: _____

3. First Name: _____ Last Name: _____

Grade: _____ Age: _____ Birth Date: _____ M/F: _____

Sacraments Received: Baptism: _____ Confirmation: _____

1st Eucharist: _____ Reconciliation: _____ Allergies: _____

4. First Name: _____ Last Name: _____

Grade: _____ Age: _____ Birth Date: _____ M/F: _____

Sacraments Received: Baptism: _____ Confirmation: _____

1st Eucharist: _____ Reconciliation: _____ Allergies: _____

ANOTHER EMERGENCY CONTACT: (other than parent)

Name: _____ Relationship: _____

Cell # _____ Home # _____ Work # _____