



**ST. LAWRENCE FAITH FORMATION REGISTRATION
2019-2020**

Office Use Only: Amt Due \$ _____ Amt PD \$ _____ Date PD _____ CASH or Check # _____

FAMILY'S LAST NAME _____

FATHER'S NAME _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

MOTHER'S NAME _____ MAIDEN NAME _____

MAILING ADDRESS _____
(If different)

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

Have you registered at St. Lawrence Parish? Yes No If no, which parish? _____

STUDENTS ENROLLING IN RELIGIOUS EDUCATION K-8 CLASSES (List Oldest to Youngest)

Child's Name First Last (if different)	Date of Birth	Grade & School	Sacraments		
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 st Communion Yes No	Confirmation Yes No

IMPORTANT: Do any of the children named above have any medical needs, allergies, or learning difficulties? If yes, please explain.

Are there any custodial arrangements we need to be aware of?

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