

(COMPLETE BOTH SIDES)	FAMILY REGISTRATION FORM	
	HEAD OF HOUSEHOLD	OTHER ADULT IN HOME
LAST NAME		
FIRST NAME		
DATE OF BIRTH		
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
CELL PHONE		
EMAIL ADDRESS		
PLEASE CIRCLE HOW YOU PREFER TO BE CONTACTED	TEXT EMAIL PHONE CALL	TEXT EMAIL PHONE CALL
EMERGENCY CONTACT NAME & RELATIONSHIP		
EMERGENCY CONTACT NUMBER		
HAVE YOU BEEN BAPTIZED, RECEIVED 1ST COMMUNION, & CONFIRMED?		
IF NOT, WOULD YOU LIKE INFORMATION?		
ARE YOU MARRIED IN THE CHURCH?		
IF NOT, WOULD YOU LIKE INFORMATION?		
ARE YOU INTERESTED IN HELPING THE RELIGIOUS ED PROGRAM?		
ARE YOU INTERESTED IN ADULT FAITH CLASSES?		
SCHOLARSHIPS ARE AVAILABLE. WOULD YOU LIKE TO APPLY FOR HELP TO PAY RELIGIOUS ED FEES?		
I received the Circle of Grace information packet and desire to have my child or children participate in the program.	HEAD OF HOUSEHOLD SIGNATURE	OTHER ADULT SIGNATURE