

**ST. THERESE CATHOLIC CHURCH
FAITH FORMATION REGISTRATION FORM**

(you need to be registered with the church before you can register for Faith Formation)

A COPY OF EACH CHILD'S BAPTISMAL CERTIFICATE IS REQUIRED FOR OUR FILES

Family Information:

Today's Date: _____

Family Name: _____

Head	Last: _____	First: _____	Title: _____
Spouse	Last: _____	First: _____	Title: _____

Email: _____ Send Email when possible (Y/N) _____

Street Address: _____ City/State: _____

_____ Zip Code: _____

Circle One: _____ Unlisted Yes/No _____

Phone: _____ Home Phone _____

Phone: _____ Cell Phone: Dad/Mom _____

Phone: _____ Office Phone: Dad/Mom _____

Student Registration:

Student Name: _____

Last Name: _____	School Grade: _____
First Name: _____	School Year: 2015/16
Middle: _____	Standard Faith Formation
Nickname: _____	Day: _____ Time: _____
Suffix: _____	OR
Gender: _____ Age: _____	Good Shepherd Catechesis
Date of Birth: _____	Day: _____ Time: _____

Baptismal Name: _____ Date: _____

Church: _____ City, State: _____

1st Comm: _____ Date: _____

Church: _____ City, State: _____

Penance: _____ Date: _____

Church: _____ City, State: _____

Emergency Contact/Name, Phone # and relationship to child:

Please register additional children on the back page