

Portland Peninsula and Island Parishes
FAITH FORMATION REGISTRATION FORM

CHILD(REN)'S INFORMATION:

FULL NAME _____ DOB _____ AGE _____ GRADE _____

BAPTIZED? _____ PLACE _____
date Church City State Country

RCD CONFIRMATION/1st COMMUNION? _____
Date Church City State Country

FULL NAME _____ DOB _____ AGE _____ GRADE _____

BAPTIZED? _____ PLACE _____
date Church City State Country

RCD CONFIRMATION/1st COMMUNION? _____
Date Church City State Country

PARENT'S CONTACT INFORMATION:

FATHER'S NAME _____ MOTHER'S NAME _____
(include maiden)

ADDRESS _____
City State Zip

2nd ADDRESS (if needed) _____
City State Zip

HOME PHONE _____ CELL PHONE _____ EMAIL _____

***EMERGENCY CONTACT:** _____
Name Address Relationship to child Phone number

*****PLEASE SHARE ANY IMPORTANT PERSONAL OR MEDICAL INFORMATION ABOUT YOUR CHILD(REN) WITH US BELOW (such as Allergies)*****

*IN THE EVENT OF SERIOUS INJURY, MY CHOICE (IF POSSIBLE) OF HOSPITAL: _____

(In the event of illness or injury, if needed, my child may be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Portland Peninsula and Island Parishes of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.)

PARENT'S SIGNATURE _____ DATE _____

Classes are held on Sundays in all parishes, please circle one: Cathedral 9:00 to 10:00am

St Peter 10:00 to 11:00am SHSD – times vary St. Louis – times vary *Home study*****

Please return form to Grace Tucci Libby, Director of Faith Formation, at the Pastoral Center via mail, email, or in the collection basket. FMI or questions please call Grace at 773-7746 x103

*A \$10 donation per child is suggested, or \$25 per family of 3 or more children. Please make checks payable to your respective parish.