

YOUTH FAITH FORMATION REGISTRATION

Student's Full Name _____ Grade _____
(First, Middle, Last)

Birthdate _____ Birth Place _____

Home Phone _____ Cell Phone _____

Home Address _____

E-mail _____

Father's Name _____ Religion _____

Father's Phone Number _____

Mother's Name _____ Religion _____

First, (Maiden), Last

Mother's Phone Number _____

Student lives with ___ Both Parents ___ Mother ___ Father ___ Other _____

EMERGENCY CONTACT (If Parents cannot be reached)

Name _____ Phone Number _____

Name _____ Phone Number _____

SACRAMENTS

	Date	Church	Location
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Baptism _____

1st Holy Communion _____

Penance Preparation _____

IMPORTANT If sacraments were celebrated at a church besides St. George, we need to have a copy of the sacramental certificate on file.**

Medical and/or Special Learning Problems

___ Diabetes _____ Learning Disabilities _____

___ Seizures _____

___ Allergies _____ Other _____

___ Glasses _____

___ Hearing _____ Accommodations: _____

How often does this child attend Mass ? ___ More than weekly ___ Once a month
 ___ Weekly ___ Rarely ___ Does not attend

Siblings Attending:

Name	Grade
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