

# Holy Family Parish Family Faith Formation 2016-2017

- Registered Parishioner  
 Sacramental Certificates  
 Revised

Date of registration: \_\_\_\_\_  
 \*\*Registration Fees: \$35 for each family member\*\*

**ADDRESS:** \_\_\_\_\_  
**HOME TELEPHONE NUMBER:** \_\_\_\_\_

**FATHER'S Name:** \_\_\_\_\_ **CELL Phone Number:** \_\_\_\_\_  
 Baptized: YES NO      First Communion: YES NO      Confirmation: YES NO

**MOTHER'S Name:** \_\_\_\_\_ **CELL Phone Number:** \_\_\_\_\_  
 Baptized: YES NO      First Communion: YES NO      Confirmation: YES NO

**PARENT'S MARITAL STATUS (Circle one):** Married by priest / Civil Marriage / Cohabiting / Divorced / Separated

**NAME OF ADULT OTHER THAN THE PARENTS ATTENDING FAMILY FAITH FORMATION?**  
 NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**  
 NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO CHILD: \_\_\_\_\_

### STUDENT INFORMATION:

**NAME OF CHILD:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Grade in School:** \_\_\_\_\_ **ALLERGIES (food & medication):** \_\_\_\_\_

Is this your 1<sup>st</sup> year of Religious Education? YES NO

**SACRAMENTS RECEIVED:**

**BAPTISM:** YES NO      Date of Sacrament: \_\_\_\_\_      Church/Location: \_\_\_\_\_  
**COMMUNION:** YES NO      Date of Sacrament: \_\_\_\_\_      Church/Location: \_\_\_\_\_  
**CONFIRMATION:** YES NO      Date of Sacrament: \_\_\_\_\_      Church/Location: \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Grade in School :** \_\_\_\_\_ **ALLERGIES (food & medication):** \_\_\_\_\_

Is this your 1<sup>st</sup> year of Religious Education? YES NO

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**CONFIRMATION:** YES NO      Date of Sacrament: \_\_\_\_\_      Church/Location: \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Grade in School :** \_\_\_\_\_ **ALLERGIES (food & medication):** \_\_\_\_\_

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**CONFIRMATION:** YES NO      Date of Sacrament: \_\_\_\_\_      Church/Location: \_\_\_\_\_

Total # Children Registered: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Form of Payment: Cash/Check      Date: \_\_\_\_\_