

FIRST TIME REGISTRATION-NEW TO FAITH FORMATION PROGRAM 2014 - 2015

CHILD'S NAME _____
LAST FIRST MIDDLE

FAMILY NAME _____

CHILD'S DATE OF BIRTH _____ PLACE _____
MONTH DAY YEAR

FATHER'S NAME (FIRST) _____ (LAST) _____

RELIGION _____ OCCUPATION _____ BUS. PHONE NO. _____

MOTHER'S NAME (FIRST) _____ (LAST) _____ (MAIDEN) _____

RELIGION _____ OCCUPATION _____ BUSINESS
PHONE NO. _____

STUDENT'S ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____
E MAIL ADDRESS IS REQUIRED

PHONE (HOME) _____ EMERGENCY _____
(Other than above)

DOMINANT ETHNIC BACKGROUND _____

SCHOOL ATTENDING '14 – '15 _____ GRADE IN SEPT. 2014 _____

FAITH FORMATION DAY CHOICE: _____ Sun. _____ Mon. _____ Tues. _____ Wed. _____ Wed.
Pre-K Grades 1-6 Grade 1-4 Grades 5-6 Grades 7-8
9-10A.M. 4:30-5:45P.M. 4:30-5:45P.M. 7:15-8:30P.M. 6:30-8:30P.M.

SINGLE PARENT (YES) _____ (NO) _____ GUARDIAN'S FULL NAME _____

CHILD'S BAPTISM DATE _____ CHURCH _____ CITY _____ CERT. _____

CHILD'S 1ST COMMUNION DATE _____ CHURCH _____ CITY _____

HAS CELEBRATED 1ST PENANCE (YES) _____ (NO) _____

ARE THERE MEDICAL or LEARNING CONSIDERATIONS THAT THE ELEMENTARY FAITH
FORMATION OFFICE SHOULD BE AWARE OF TO BETTER CATECHIZE YOUR CHILD?
PLEASE BE AS SPECIFIC AS POSSIBLE

NOTE: If your child has an IEP, please provide a copy to the Faith Formation Office

CONFIDENTIAL INFORMATION _____

AMOUNT ENCLOSED _____ (Make checks payable to Christ Our Light)

RETURN THIS FORM, THE COMPLETED VOLUNTEER SHEET AND FEE, IN THE ENCLOSED
ENVELOPE. THANK YOU FOR YOUR REGISTRATION.