

Faith Formation Registration

Parent Name:	
Parent Name 2:	
Phone Number:	_ Interested in Teaching/Subbing: Yes No
Email:	
Church of A Name	
Student 1 Name:	
	Learning Disabilities: Yes No
Baptism: Yes No Parish:	
First Communion: Yes No Parish:	Date
Student 2 Name:	
	Learning Disabilities: Yes No
Baptism: Yes No Parish:	
	Date
Student 3 Name:	
	Learning Disabilities: Yes No
Baptism: Yes No Parish:	
	Date
Student 4 Name:	
Student 4 Name:	Learning Disabilities: Yes No
Baptism: Yes No Parish:	
	Date
That Communion. Tea No Tanan.	Bate
Student 5 Name:	
Grade: Allergies	Learning Disabilities: Yes No
Baptism: Yes No Parish:	Date:
First Communion: Yes No Parish:	Date
Photo Release/Permission:	
I give permission for images of my child, of	captured during religious education or its events
through video, photo and digital camera, t	
local newspaper.	s social media, website, or for events shared with the
Signature	
	Date