

Faith Formation Registration 2014-2015

Family Last Name: _____

Address: _____

E-Mail: _____

Phone Numbers	Home Phone: _____
Dad's Work _____	Dad's Cell _____
Mom's Work _____	Mom's Cell _____

Father's Name: _____

Would Dad be able/willing to help as a Teacher, Teacher Aide or Substitute?

Yes No Preferred grade to work with: _____

Mother's Name: _____

Would Mom be able/willing to help as a Teacher, Teacher Aide or Substitute?

Yes No Preferred grade to work with: _____

Children:

Name	Grade	Sacraments (circle those received by each child)
_____	_____	baptism reconciliation communion confirmation
_____	_____	baptism reconciliation communion confirmation
_____	_____	baptism reconciliation communion confirmation
_____	_____	baptism reconciliation communion confirmation
_____	_____	baptism reconciliation communion confirmation