

**RE-REGISTRATION  
2016 – 2017**

The following child/children will return to Faith Formation.

NAME: LAST, FIRST	SCHOOL	GRADE Fall 2016	SUN. 9A.M. PRE-K	MON. 4:30P.M. 1-6	TUES. 4:30P.M. 1-4	WED. 7:15P.M. for 5-6 6:30-8:30 for 7-8 ***
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

FATHER'S NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUS. PHONE NO. \_\_\_\_\_

MOTHER'S NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BUS. PHONE NO. \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMAIL ADDRESS IS REQUIRED

PHONE (HOME) \_\_\_\_\_ EMERGENCY \_\_\_\_\_

(Other than above)

SINGLE PARENT (YES) \_\_\_ (NO) \_\_\_ GUARDIAN'S FULL NAME \_\_\_\_\_

DOMINANT ETHNIC BACKGROUND \_\_\_\_\_

**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 for the Faith Formation Office**

PLEASE UPDATE THIS INFORMATION EVERY YEAR

NAME OF CHILD \_\_\_\_\_ **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.**

\*\*\*7<sup>th</sup> & 8<sup>th</sup> grade class information to follow from Sherine Green, Director, Youth Faith Formation