

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.

***7th & 8th grade class information to follow from Sherine Green, Director, Youth Faith Formation