FIRST TIME REGISTRATION-NEW TO FAITH FORMATION PROGRAM
2012 - 2013

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 '12 – '13_____**GRADE IN SEPT. 2012**_____

FAITH FORMATION DAY CHOICE: _____**Sun.** _____**Mon.** _____**Tues.** _____**Wed.**

Pre-K	Grades 1-6	Grade 1-4	Grades 5-8
9-10A.M.	4:30-5:45P.M.	4:30-5:45P.M.	7:15-8:30P.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)_____ **(N0)**_____

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_____

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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.