

ST. FRANCES X. CABRINI CHURCH
FAITH FORMATION
REGISTRATION FORM
2011-2012

FAMILY REGISTERED IN THE PARISH? _____

*STUDENT'S NAME (SEPARATE FORM FOR EACH CHILD) _____
DATE OF BIRTH _____ SCHOOL _____ GRADE _____

PARENTS/GUARDIANS: **MOTHER'S MAIDEN NAME** _____

FATHER _____

HOME ADDRESS: _____
(STREET ADDRESS) (CITY) (ZIP)

TELEPHONE NUMBERS:

MOTHER: HOME _____ WORK _____ CELL _____

FATHER: HOME _____ WORK _____ CELL _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON: _____ # _____

*******NEEDED ON FILE IN THE FAITH FORMATION OFFICE
COPIES OF:**

**BAPTISMAL CERTIFICATE: DATE, CHURCH AND ADDRESS,

*** FIRST RECONCILIATION CERTIFICATE: DATE, CHURCH AND ADDRESS

**** FIRST COMMUNION CERTIFICATE: DATE, CHURCH AND ADDRESS,

***** CONFIRMATION CERTIFICATE: DATE, CHURCH AND ADDRESS, SPONSORS

CHILDREN WILL BE DISMISSED ONLY TO THE PARENTS UNLESS THE STAFF IS NOTIFIED
AHEAD OF TIME IN WRITING.

******* Child's Special Concerns, needs, accommodations,
allergies, medications:**

None _____ **Yes** _____ **If yes,**
DESCRIBE _____

***I HEREBY GIVE MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED FOR THE
PURPOSE OF CREATING A VISUAL RECORD OF THIS YEAR'S FAITH FORMATION
ACTIVITIES. _____

**** I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SAFE ENVIRONMENT
TRAINING. Yes _____ No _____

REGISTRATION FEE \$20 PER CHILD _____

PARENT SIGNATURE: _____ DATE: _____

STUDENTS ARE ASKED TO WEEKLY BRING IN ONE OF THESE FOOD ITEMS FOR SISTER
NOELLE AND HER OUTREACH PROGRAM. THE ITEMS SHE REQUESTS ARE: RICE, DRIED
BEANS, FLOUR AND OIL.