ALL SAINTS CATHOLIC CHURCH

Faith Formation

530 Highway 274
P.O. Box 5443 – Lake Wylie, SC
☎ (803) 831 9095 - faith-formation@bellsouth.net

GRADE: _____

Parish Registration # _____

Family Information

Student's Full Name _____ D.O.B. _____

Address _____ City/Zip _____

Family E-mail Address _____

Father/Guardian's Full Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Full Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

- Are you interested in participating in PTO (Parishioners Teachers Organization) ☐ YES ☐ NO

Sacramental Checklist (new students **must** attach a copy of Baptismal Certificate)

☐ Baptism Date: _____ Church: _____ City/State: _____

☐ First Communion Date: _____ Church: _____ City/State: _____

Placement & Tuition

- Describe any special accommodations your child needs to be successful in his/her class:
- _____
- Is the student interested serving as **Altar Server** ☐ YES ☐ NO
- Tuition helps covering the cost of books, supplies, and activities:

  1 child $ 40.00 2 children $ 70.00 3 children $ 100.00 4 children $ 120.00
- Additional $10.00 Fee for **First Communion** students

  TOTAL DUE $ _____ (Please make checks payable to: ALL SAINTS CATHOLIC CHURCH)

Local Emergency Contact

Parent/Guardian Full Name _____ Name of Physician _____

Special considerations to be aware of (i.e.: allergies, medical conditions, etc…) _____

If I (Parent/Guardian) cannot be reached in case of an emergency the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the child listed on this registration.

_____ _____

Signature of Parent/Guardian Date