

ALL SAINTS CATHOLIC CHURCH
FAITH FORMATION REGISTRATION

2022-2023

GRADE _____
PARISH REG# _____

FAMILY INFORMATION

STUDENTS NAME _____ middle _____ DOB _____

ADDRESS _____ CITY/ZIP _____

PARENT E-MAIL ADDRESS _____

FATHER/GUARDIAN'S FULL
NAME _____ middle _____ last _____
HOME PHONE _____ WORK PHONE _____ CELL _____

MOTHER/GUARDIAN'S FULL
NAME _____ middle _____ maiden _____ last _____
HOME PHONE _____ WORK PHONE _____ CELL _____

SACRAMENTAL CHECKLIST (new students must attach a copy of Baptismal certificate)

Baptism date _____ church _____ city/state _____

First Communion date _____ church _____ city/state _____

PLACEMENT AND TUITION

- Describe any special accommodations your child needs

- TUITION HELPS COVERS THE COST OF BOOKS, SUPPLIES AND ACTIVITIES

1 CHILD \$50 2 CHILDREN \$80 3 CHILDREN \$110 4 CHILDREN \$130

Total due \$ _____ (please make checks payable to ALL SAINTS CATHOLIC CHURCH) not tax deductible

LOCAL EMERGENCY CONTACT

Parent/Guardian _____ Name of Physician _____

Special considerations to be aware of (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.

Signature of Parent/Guardian _____ Date _____