



Faith Formation Registration 2018-2019

General Information

Date: _____

Family Last Name: _____

Father's First Name: _____

Father's Cell Phone No.: _____

Mother's First Name: _____

Mother's Cell Phone No.: _____

Mother's Maiden Name: _____

Home Phone No.: _____

Home Address: _____

City: _____

Zip: _____

Email: _____

Emergency Contact Information – Other than parent - Will be used only if parents cannot be reached.

Emergency Contact Name: _____

Phone No.: _____

Child Information – Add any additional children below the children listed.

<u>First Name</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Special Needs or Allergies</u>	<u>Grade in Fall</u>	<u>Session (Sunday or Wednesday)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Office Use

Tuition Due: _____

Amount Paid: _____

Book Fee Due: _____

Snack Fee Due: _____

Check No.: _____

Sacrament Prep Fee Due: _____

Received By: _____

Total Due: _____

Written List: _____

Added to Class: _____

Invoice: _____

Post Payment: _____

Verified in PS Connect Now: _____

Flocknote: _____