FAMILY/	CHILDREN F				ic Church N REGIS	TRAT	ION 202	4-2025	
	S	TUDENT-	FAMIL	Y INF	ORMATIC	N			
Today's Date:	Student's Date of Birth:								
I									
Student Name:									
	me	First Name				Middle Name			
Address:			City:				Zip:		
Home Phone:			,		ll Phone:		6.		
				Ce	ii Filone.				
Student email addres	S						Grade:		
Mother's Name: Include maiden name			Religion:						
Father's Name:				Re	ligion:				
Home/Cell Phone:			Alternate Cell Phone:						
Email Address:			·	_					
	CONFIRMA	TION INF	OONL	Y!					
Saint Name:		Sponsor Name							
Was your child regist Education Program o				24					
					Yes or N	lo	Nam	e of Parish	
Has your child been B	Baptized?								
					Yes or N	lo	Nam	e of Parish	
Has your child celebr	?		Yes or N		Nam	e of Parish			
							Nalli		
Has your child celebr	ated First Euc	harist?							
Has your child celebr			Yes or N	0	Nam	e of Parish			
					1			1	
Is your family registered in our Parish?				Do you need materials?			egistration	1	
			Yes	s or N	0			Yes o	r No
Fees					Needed				
SUNDAY FAMILY/CHILI FEES: \$30/CHILD; FAM	Reconciliation 1st Eucharist Confirmation only (6 th grade+ Baptized & Eucharist) RCIC (Unbaptized children over 7)								
No one is turned away for the inability to pay. Please see the Program Director to make arrangements.									
Special Needs/Food Allergies:									
Flocknote: Text	Email	B	oth						
Amount Paid Ca	ash 🗌 Chea	ck	Check #	4		Othe	er payment ar	rrangements	

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Amount Paid	Cash	Check		Che	eck #			Other payment arrangements		
Bapt Cert Rec'd	Date:	1 st R	ec Date			1 st Communion Date			Confirmation Date	