

# Blessed Sacrament Catholic Church Faith Formation Registration

**Please check one:** Faith Formation Classes      1<sup>st</sup> Communion      Confirmation

**How would you like to attend:** Online      In Person

Student Name \_\_\_\_\_

Family Parishioner: No      Yes      if no, would you like to register? \_\_\_\_\_

Grade Level \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_

Known Allergies/ Special Needs \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

## **Parent/Guardian Contact**

Mother's Name (include maiden name) \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's phone \_\_\_\_\_ Father's Email \_\_\_\_\_

**Birth Place of Child:** City \_\_\_\_\_ State \_\_\_\_\_

**Sacraments Received by the child:**      **Please provide copies of baptismal certificate!!!**

Baptism      Reconciliation      Holy Communion      Confirmation

**Emergency Contact Information:** Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**\$50 fee one child, \$80 fee two children, \$100 fee for three or more children**

Checks payable to **Blessed Sacrament Catholic Church**

Credit Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_ EXP Date \_\_\_\_\_

I would like to donate to a family who needs help with the fees \$ \_\_\_\_\_

**Office Use:**

Cash \_\_\_\_\_ Date \_\_\_\_\_ Check amount \_\_\_\_\_ Check # \_\_\_\_\_