Blessed Sacrament Catholic Church Faith Formation Registration

Please check one: Faith Formation Classes   1st Communion   Confirmation

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 #_____