



**St. Austin Catholic Parish  
2019-2020 Faith Formation Registration Form**

Please complete & return this form to the Director of Faith Formation,  
Rachel Vaughn, rvaughn@staustin.org  
or mail: 2026 Guadalupe St., Austin, TX 78705

The below suggested and requested donation is to help the parish cover the cost of printed resources and activity materials for Faith Formation:

- 1 child - \$65.00
- 2 children - \$100.00
- 3 children - \$120
- 4 or more children - \$140

**Please print**

**Family/Household Name:** \_\_\_\_\_

**Child(ren)'s Last Name (if different):** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
\_\_\_ Living \_\_\_ Deceased \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
\_\_\_ Living \_\_\_ Deceased \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please list any adult, besides a parent, who is allowed to drop off/pick up your child(ren):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information**

*Please list someone, other than a parent, who can be contacted in the event of an emergency.*

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

**Special Concerns**

Food Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**\*\*If you are a member of a Catholic parish other than St. Austin, please submit a letter of approval from your pastor in order to participate in St. Austin’s Faith Formation or sacramental preparation programs.\*\***

**Child(ren) to Register in 2019 – 20 Faith Formation**

*Please provide all requested information, circling the correct response where indicated*

First Name	Last Name	Age	Grade	D.O.B.	Baptized	1 <sup>st</sup> Holy Communion	Confirmed
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No
					Yes No	Yes No	Yes No

**First Reconciliation/First Holy Communion:**

In order to register for the class that prepares students for these two Sacraments, the student must have been enrolled and regularly attended a full year of verifiable, parish – or Catholic school - formal Faith Formation.

**High School Confirmation:**

In order to register for the class that prepares students for the Sacrament of Confirmation, the student must have been enrolled and regularly attended two full years of verifiable, parish – or Catholic school - formal Faith Formation.

**Please turn over**

## DONATION OPTIONS

**By check, please make payable to:**

*St. Austin Catholic Parish*

Check number \_\_\_\_\_ Date received: \_\_\_\_\_

**By credit card (Visa or Mastercard only):**

Name as it appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Phone number of cardholder: \_\_\_\_\_

Credit card number \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

\_\_\_\_\_ Expiration Date \_\_\_\_\_ Security number on back of card