



**St. Austin Catholic Parish
Faith Formation Registration Form**

Please complete & return this form to the Director of Faith Formation,
Rachel Vaughn, rvaughn@staustin.org

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

To pay you can go through Venmo (@StAustin-CatholicParish) and say FFREG with the amount (i.e. FFREG \$60) or you can write a check and mail it into St. Austin Catholic Church 2026 Guadalupe Street Austin, Texas 78705. *Please note the prices are different depending on the publisher.*

Gospel Weeklies: \$30
Sophia Institute: \$30
Gospel Weeklies and Sophia Institute: \$60
Alive in Christ: \$15
Confirmation: \$15

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 Faith Formation

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

First Name	Last Name	Age	Grade	D.O.B.	Baptized	1st 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