



Student Registration

Date: _____

Child's name: _____ DoB: _____ M or F

Baptized at _____ Church Date: _____

Is he or she potty trained? _____

Does your child have any allergies we should be aware of ?

Home address: _____

City _____ State _____ Zip _____

Are there other children in the family? Give names and ages, please:

Mother's name _____

Address if different from above

City/State/zip _____

Email address: _____

Phone # _____ do you text? _____

Religion:: _____

Parish: _____

Father's name _____

Address if different from above

City/State/zip _____

Email address: _____

Phone # _____ do you text? _____

Religion:: _____

Parish: _____

Both parents are invited to participate in the program.

Circle your answer please: Both Mother Father

Does your child have a nickname? Example : Elizabeth is Beth; James is Jimmy

If we take pictures in the sessions, do we have permission to use your child's photo for future promotion of ECFL?

I give my permission for use of my child's photo **Signature:** _____

Print your name here please _____

Return completed registration form to:

Mail to: *ECFL c/o Pastoral Center, 123 S. Massey Street, Watertown, NY 13601*

Email to ECFL@Catholicwatertown.org Class size is limited. A 2nd series will be held in the spring.