

Office use only:

Date returned to office: _____

St. Genevieve Catholic Church
Office of Formation Ministries
815 Barbier Avenue
Thibodaux, LA 70301
(985) 446-5127
jharvey@hdiocese.org



St. Genevieve Youth Formation Registration Form (2nd – 9th Grade)

(One form must be completed *for each child* in Formation.)

Registered Church Parish: _____

City/State: _____

Father's Name: _____

Primary Phone: _____

Mother's Name: _____

Father's Cell: _____

Mother's Maiden: _____

Mother's Cell: _____

Email Address: _____

Emergency Phone: _____

Custodial Parent, if different from above: _____

Home Address: _____ City, State Zip: _____

Both Parents Catholic? Mother: Yes___ No___ Father: Yes___ No___

Child's Full Name (F, M, L): _____ DoB: _____ Sex: _____

City/State of Birth: _____ School Year: _____ Grade: _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Sacraments:

Baptism: _____ Date: _____ Catholic? Yes___ No___

Church Parish: _____ City/State: _____

Penance Requirements: _____ Date: _____ Church Parish: _____

Eucharist: _____ Date: _____ Church Parish: _____

Child's age at First Eucharist: _____ City/State: _____

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, please include a copy with this registration form.

Tuition Due: \$ _____ Tuition Pd: \$ _____ Signature: _____

Office use only: 1st Eucharist Date _____ at St. Genevieve. Consent/CoG Forms in: _____