

Today's date: _____
Father's name (first/last): _____
Mother's name: (first/last): _____
Address: _____ Zip code: _____
Phone number: _____ Alternate phone number: _____
E-mail: _____

Child # 1 _____
last name first name
Date of birth grade in school in September 2020
Has this child been baptized? _____
Has this child made first communion? _____
Has this child been confirmed? _____

Child # 2 _____
last name first name
date of birth grade in school in September 2020
Has this child been baptized? _____
Has this child made first communion? _____
Has this child been confirmed? _____

Child # 3 _____
last name first name
date of birth grade in school in September 2020
20 Has this child been baptized? _____
Has this child made first communion? _____
Has this child been confirmed? _____

Child # 4 _____
last name first name
date of birth grade in school in September 2020
Has this child been baptized? _____
Has this child made first communion? _____
Has this child been confirmed? _____

Child # 5 _____
last name first name
date of birth grade in school in September 2020
Has this child been baptized? _____
Has this child made first communion? _____
Has this child been confirmed? _____

Please complete other side

Please list the people who are authorized to pick your child (children) up from class:

1. Name: _____
Relationship: _____ phone # _____
2. Name: _____
Relationship: _____ phone # _____

Do any of your children have special learning needs? yes _____ no _____

If yes, please complete:

1. Name of child: _____
What help does this child need? _____

2. Name of child: _____
What help does this child need? _____

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- I understand and give permission for my child/children to receive instruction on self protection during the first class of the Religious Formation year. This instruction is provided by the Diocese of Fort Worth.

Signature _____ Date: _____

Book fee (1st-12th grades) \$30 each #books _____ total _____

Registration fee: immediate family only

1 child =\$45 2 children=\$90 3 or more = \$100

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