

PLEASE PRINT FULL NAME OF CHILD/TEEN				
DATE OF BIRTH				
GRADE IN SCHOOL				
IF BAPTIZED, WHEN & WHERE?				
IF 1ST RECONCILIATION, WHEN & WHERE?				
IF 1ST COMMUNION, WHEN & WHERE?				
IF CONFIRMED, WHEN & WHERE?				
WHAT DO WE NEED TO KNOW IN ORDER TO BEST HELP THIS CHILD? (LIKES/DISLIKES, SPECIAL NEEDS, LEARNING STYLE, ALLERGIES, ETC)				
WHAT GOALS DO YOU HAVE FOR THIS CHILD'S FAITH FOR THIS YEAR?				
I AGREE TO DO MY BEST IN FAITH FORMATION CLASS THIS YEAR.	CHILD/TEEN SIGNATURE	CHILD/TEEN SIGNATURE	CHILD/TEEN SIGNATURE	CHILD/TEEN SIGNATURE
(OFFICE USE ONLY)				
BIRTH OR BAP CERT:				
SACRAMENTAL PREP:				
FEE PER STUDENT:				