



# SS Peter & Paul Catholic Church

600 Locust Street  
Atlantic, IOWA 50022

## Faith Formation Registration

**FAMILY NAME:** \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than Parent): \_\_\_\_\_

### FIRST CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_ ( ) Male ( ) Female

Sacraments Received: ( ) Baptism (Church: \_\_\_\_\_) ( ) 1<sup>st</sup> Communion ( ) 1<sup>st</sup> Reconciliation

### SECOND CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_ ( ) Male ( ) Female

Sacraments Received: ( ) Baptism (Church: \_\_\_\_\_) ( ) 1<sup>st</sup> Communion ( ) 1<sup>st</sup> Reconciliation

### THIRD CHILD

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_ ( ) Male ( ) Female

Sacraments Received: ( ) Baptism (Church: \_\_\_\_\_) ( ) 1<sup>st</sup> Communion ( ) 1<sup>st</sup> Reconciliation

VOLUNTEER SUPPORT: ( ) Catechist ( ) Helper

DO WE HAVE PERMISSION TO PUBLISH YOUR CHILD'S PHOTO ON PARISH SOCIAL MEDIA? ( ) YES ( ) NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

( ) **FEE SCHEDULE**

Faith Formation Fee: \$20 per family

**OFFICE USE:**

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

