

**ST. ALPHONSUS & ST. PATRICK PARISH
FAMILY FAITH FORMATION PROGRAM
ADMISSION APPLICATION - 2020/2021**

CHILD(REN)'S LAST NAME: _____ Date: _____

Father (Full Name): _____ Mother (Full/Maiden): _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL 1 _____ E-MAIL 1 _____

[Circle Preferred] CELL 2 _____ E-MAIL 2 _____

CHILD(REN) lives with: ___ Both parents ___ Mother ___ Father ___ Guardian (Relationship _____)



II.	GRADES 1 THROUGH 8 NAME	GRADE IN SEPT. 2020	DOB	PREVIOUS RELIGIOUS EDUCATION Grades/Parish
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please circle:

Yes No Does your child have a reading, sight, hearing, coordination, attention or any other challenge that we should be aware of? (IEP or 504 Plan) Specify _____

Yes No Is your child receiving any special services in school? Specify _____

Yes No Are you a registered and participating member of St. Alphonsus & St. Patrick Parish?
If not, where? _____

IF YOU HAVE A CHILD RECEIVING A SACRAMENT:

Candidate's Full Baptismal Name _____

Age _____ Date of Birth _____ Date of Baptism _____

Parish of Baptism: _____

Address of Parish of Baptism: City _____ State _____ Zip Code _____

MINISTRY OF CATECHESIS INQUIRY

We may have the need for catechists to facilitate the 30-minute student Zoom sessions. It is an opportunity for your own personal enrichment and the development of children's faith. If you feel a little pull toward this ministry, and would like to find out more about it, please check one of the boxes below:

My name is _____.

- Yes, I would like to talk to you about becoming a catechist.
- Yes, I would like to talk to you about becoming a catechist-aide.

I have included \$5.00 \$10.00 Other \$_____ in my deposit to go toward stipends for our volunteer catechists as an expression of my appreciation.