

St Luke Parish Atrium
2020-21 Registration

Please email form to Audrey Walko: joewalko@yahoo.com or
mail to: St Luke Church; P.O. Box 7; Fairfax VT 05454

Family Name: _____

Mother/Guardian Full Name: _____

Father/Guardian Full Name: _____

Home Phone Number: _____

Mother's cell: _____ Father's cell: _____

Primary email: _____

(email will be the primary way we communicate information to families)

Mailing Address: _____

Emergency Contact – Name & Relationship to child/ren: _____

Phone numbers: _____

Are you interested in volunteering in the atrium?: _____

My child/ren, _____, has/have
permission to participate in all activities conducted as part of the religious education
program of St. Luke Parish.

(Parent/Guardian Signature)

(Date)

I authorize that photographs of my child may be taken during the Religious
Education program of St. Luke's to be used in promotional material for our parish.

(Parent/Guardian Signature)

(Date)

Registration: \$40/child; \$100 max per family; please submit payment to St Luke Church
Fee is waived for volunteer catechist
(No child will be denied participation for inability to pay)

Child 1

Child's Name: _____ Age: _____

Date of Birth: _____ Sex: M/F Grade in school: _____

Pertinent Information concerning your child (Allergies, Special needs, Health Information, Temperament, Likes, Dislikes):

Sacramental Information

Church of Baptism: _____ Catholic?: Yes/No

Town/State of Church: _____

Has your child received First Communion?: Yes/No

Child 2

Child's Name: _____ Age: _____

Date of Birth: _____ Sex: M/F Grade in school: _____

Pertinent Information concerning your child (Allergies, Special needs, Health Information, Temperament, Likes, Dislikes):

Sacramental Information

Church of Baptism: _____ Catholic?: Yes/No

Town/State of Church: _____

Has your child received First Communion?: Yes/No

Child 3

Child's Name: _____ Age: _____

Date of Birth: _____ Sex: M/F Grade in school: _____

Pertinent Information concerning your child (Allergies, Special needs, Health Information, Temperament, Likes, Dislikes):

Sacramental Information

Church of Baptism: _____ Catholic?: Yes/No

Town/State of Church: _____

Has your child received First Communion?: Yes/No

Child 4

Child's Name: _____ Age: _____

Date of Birth: _____ Sex: M/F Grade in school: _____

Pertinent Information concerning your child (Allergies, Special needs, Health Information, Temperament, Likes, Dislikes):

Sacramental Information

Church of Baptism: _____ Catholic?: Yes/No

Town/State of Church: _____

Has your child received First Communion?: Yes/No