

St. Maria Goretti Parish FAITH FORMATION REGISTRATION

Date: _____

Family Name:	Parent's phone number:	Family emails (no children's email please):
	Mother:	Mother:
	Father:	Father:

Address Where Child Resides: _____

Father's first and last name:	Religion:	Mother's first and last name:	Religion:
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Address of Parent/Guardian if different than child (please indicate whose address this is):	Parish where you are registered & active:
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Child's first & last name	Gender	Birthdate	Grade in Sept.2020	School	Baptism Place/ date	First Eucharist Place/ date	Program Wanted
							Choose one option. Applied to all students
							Virtual (VCP)
							Online
							Homeschool

Please check all that apply: 2 parents at home Mother deceased Father deceased Divorced/ separated Mom has remarried Child(ren) with mom Dad has remarried Child(ren) with dad Child(ren) w/ adult other than parent	Please specify if child(ren) have any special needs such as medical/ learning, etc. _____	Emergency number other than parents: _____
	Where did child(ren) participate in Faith Formation last year? _____	Name of emergency contact: _____
	Pictures may be taken during Faith Formation programs or sessions and could be posted to parish website or bulletin. <i>If you do not want your child's picture taken and posted, please sign here to opt out.</i> X _____	Relationship to child: _____
	Parent Signature: X _____ Date: _____	Name & address if mail should also go to the non-custodial parent: _____

FOR OFFICE USE ONLY (Do not write below this line)

Amt. Due:	Amt. Pd:	Ck. #:	Cash	Bal. Due:
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