

## FAITH FORMATION REGISTRATION

STUDENT NAME _____	DOB _____
MAILING ADDRESS _____	CITY _____ ZIP _____
MOTHER'S NAME _____	PHONE _____
FATHER'S NAME _____	PHONE _____
EMAIL ADDRESS _____	
SPECIAL NEEDS? _____	

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### SACRAMENTS

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PARISH WHERE IT TOOK PLACE \_\_\_\_\_

BAPTISM _____	WHEN _____
FIRST RCONCILIATION _____	WHEN _____
FIRST COMMUNION _____	WHEN _____
CONFIRMATION _____	WHEN _____

### PHOTO RELEASE

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- Yes
- No

**Payment:**    1 child \$25    2 children \$45    3+ children \$60    Cash    Check   Check # \_\_\_\_\_