



**ST. ANDRÉ BESSETTE PARISH
CHRISTIAN FORMATION PROGRAM**

**2019-2020
Registration Form**

Head(s) of Household

Name: _____

Maiden Name: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I am/We are: Married Married Separated Divorced Single
(Catholic) (Civil/Other)

If parents are not together, please explain how custody of the child(ren) is arranged: _____

Other guardian(s): _____

Relation to child(ren): _____

1. Child's Name: _____

Church/Place of Baptism: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Grade this Fall: _____ Food Allergies: _____

I/we would also like this 1st Penance/1st Holy Communion Confirmation
Child to prepare for.... (2nd Grade & older) (7th Grade & older)

2. Child's Name: _____
Church/Place of Baptism: _____
Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female
Grade this Fall: _____ Food Allergies: _____
I/we would also like this _____ 1st Penance/1st Holy Communion _____ Confirmation
Child to prepare for.... (2nd Grade & older) (7th Grade & older)

3. Child's Name: _____
Church/Place of Baptism: _____
Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female
Grade this Fall: _____ Food Allergies: _____
I/we would also like this _____ 1st Penance/1st Holy Communion _____ Confirmation
Child to prepare for.... (2nd Grade & older) (7th Grade & older)

4. Child's Name: _____
Church/Place of Baptism: _____
Date of Birth: _____ Age: _____ Sex: ___ Male ___ Female
Grade this Fall: _____ Food Allergies: _____
I/we would also like this _____ 1st Penance/1st Holy Communion _____ Confirmation
Child to prepare for.... (2nd Grade & older) (7th Grade & older)

Attach any additional pages or information as necessary

Please return this completed form (by mail or in the Sunday collection basket) to the parish office as soon as possible – no later than Friday, September 20, 2019

St. André Bessette Parish * P.O. Box 547 * Malone, NY 12953