

**All Saints Parish**  
Holy Child Faith Formation Center  
Plymouth, PA 18651

**FAITH FORMATION REGISTRATION FORM (Pre-K - 8th Grade)**

**Student's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First Middle **Place of Birth:** \_\_\_\_\_  
(City, State, County)

**Grade attending in 2020-2021 School Year** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Has this child been baptized Catholic?** \_\_\_\_\_ **If so, Date of Baptism** \_\_\_\_\_  
*(A Baptismal Certificate is needed if this child was not baptized at All Saints Parish)*

**Name of Church** \_\_\_\_\_ **Church Location** \_\_\_\_\_  
City State

**If NOT, please state if child is baptized in a different faith or has not been baptized** \_\_\_\_\_  
(The Director of Faith Formation will call to discuss further)

**Has this child celebrated the Sacraments of Reconciliation and First Eucharist:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Last First Maiden

**Father's Name** \_\_\_\_\_  
Last First

**Is child's Mother Catholic?** \_\_\_\_\_ **Is child's Father Catholic?** \_\_\_\_\_

**Marital status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Number (optional)** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Name and number of person other than parent to be contacted in case of an emergency:**

**Name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Email address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Are you registered at All Saints Parish?** \_\_\_\_\_ **Envelope #** \_\_\_\_\_

If **NOT** please call the Parish Office (570-779-5323). Families participating in our Religious Education program are expected to be participating members of our faith community (supporting the parish by your presence at Eucharist and contribution to help support the financial needs of the parish).