

St. Theodore's Church - Laporte

Faith Formation Registration Form

1. **Student's Name:** _____ Grade: _____ School: _____

Student's Email: _____ Cell: _____

Name and Place of the church your child was baptized: _____

Sacrament Requested: First Holy Communion: _____ Confirmation: _____ None _____

2. **Student's Name:** _____ Grade: _____ School: _____

Student's Email: _____ Cell: _____

Name and Place of the church your child was baptized at: _____

Sacrament Requested: First Holy Communion: _____ Confirmation: _____ None _____

(Please use the next Page to list other Children of your family)

Contact Information

Parent / Guardian: _____

Address: _____

Phone Numbers: Home: _____ Cell: _____

Parent's Email Address: _____

Name of the Parish in which your family is registered: _____

We need your help! Please check how you can assist your Children

_____ RE Teacher

_____ RE Substitute Teacher

_____ Chaperone

_____ RE Volunteer

_____ Providing Meals/ Snacks for RE Class

Other: _____ (please list)

3. **Student's Name:** _____ **Grade:** _____ **School:** _____

Student's Email: _____ Cell: _____

Name and Place of the church your child was baptized at: _____

Sacrament Requested: First Holy Communion: _____ Confirmation: _____ None _____

4. **Student's Name:** _____ **Grade:** _____ **School:** _____

Student's Email: _____ Cell: _____

Name and Place of the church your child was baptized at: _____

Sacrament Requested: First Holy Communion: _____ Confirmation: _____ None _____

5. **Student's Name:** _____ **Grade:** _____ **School:** _____

Student's Email: _____ Cell: _____

Name and Place of the church your child was baptized at: _____

Sacrament Requested: First Holy Communion: _____ Confirmation: _____ None _____
