

# St. Philomena Parish Faith Formation Registration 2015 - 2016

- First Year Student
- Second Year Student
- Other year \_\_\_\_\_

**All questions must be answer! The cost of the program is \$50 per child. Two payments of \$25 is acceptable.**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Male    Female   Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Language spoken at home: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade Enrolled: \_\_\_\_\_

## SACRAMENTS RECEIVED

Are you a registered parishioner? Yes  No

	Date	Church	City	State
Baptism	_____	_____	_____	_____
Reconciliation	_____	_____	_____	_____
First Eucharist	_____	_____	_____	_____

\*\*\*\*\*If not at St. Philomena, please provide copies of certificates.\*\*\*\*\*

## FORMAL RELIGIOUS EDUCATION

If not baptized, please provide a birth certificate.

Grade Levels:      1   2   3   4   5   6

Parish: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Food Allergies:      \_\_\_\_ Yes                      \_\_\_\_ No      If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use:

Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Copies of Sacramental Certificates

Birth Certificate:

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

Baptism:

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

First Eucharist

Date Received \_\_\_\_\_ Initials \_\_\_\_\_

Is there anything about your child that our teachers should know? (You may use an extra sheet)

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