

2025-2026 FAITH FORMATION REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____

Home Phone _____ Cell Phone _____

Mother/Guardian Name _____

Home Phone (same ☐) _____ Cell Phone _____

Primary Address _____

City _____ State/Zip _____

Primary Email _____

Every Monday (Sept.-May), I would like to receive the weekly "Nativity News" by email. ____ Yes

You can use email for other church communications. ____ Yes

STUDENT INFORMATION

Name: Last _____ First _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Sex M / F

Entrance Grade Fall 2016 (circle one): 1 2 3 4 5 6 7 8 9 10 11 12

Baptized? Y / N Received First Reconciliation? Y / N Received First Eucharist? Y / N

Received Confirmation? Y / N

Allergies/Special needs: _____

STUDENT INFORMATION

Name: Last _____ First _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Sex M / F

Entrance Grade Fall 2016 (circle one): 1 2 3 4 5 6 7 8 9 10 11 12

Baptized? Y / N Received First Reconciliation? Y / N Received First Eucharist? Y / N

Received Confirmation? Y / N

Allergies/Special needs: _____

PROGRAM FEE

Fee: \$40 _____

Deadline: September 10

Scholarships are available - Contact Melissa Hund-Cerna

☐ I do not wish to have my child photographed for Faith Formation promotional purposes.

OFFICE USE ONLY: Date Entered: _____ Amount Paid: _____ Check#: _____ Cash: _____ ACS: _____

2025-2026 SACRAMENT REGISTRATION FORM

PARENT/GUARDIAN INFORMATION

Father/Guardian Name _____

Home Phone _____ Cell Phone _____

Mother/Guardian Name _____

Home Phone (same ☐) _____ Cell Phone _____

Primary Address _____

City _____ State/Zip _____

Primary Email _____

Every Monday (Sept.-May), I would like to receive the weekly "Nativity News" by email. ____ Yes

You can use email for other church communications. ____ Yes

STUDENT INFORMATION

Name: Last _____ First _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Sex M / F

Entrance Grade Fall 2016 (circle one): 1 2 3 4 5 6 7 8 9 10 11 12

Sacrament Needed: Reconciliation _____ Confirmation & First Eucharist _____

Confirmation 4th Grade and above _____

Allergies/Special needs: _____

STUDENT INFORMATION

Name: Last _____ First _____

Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Sex M / F

Entrance Grade Fall 2016 (circle one): 1 2 3 4 5 6 7 8 9 10 11 12

Sacrament Needed: Reconciliation _____ Confirmation & First Eucharist _____

Confirmation 4th Grade and above _____

Allergies/Special needs: _____

PROGRAM FEES

First Reconciliation: \$25 _____

Combined Confirmation and First Eucharist: \$25 _____

Scholarships are available - Contact Melissa Hund-Cerna

☐ I do not wish to have my child photographed for Faith Formation promotional purposes.

OFFICE USE ONLY: Date Entered: _____ Amount Paid: _____ Check#: _____ Cash: _____ ACS: _____