## 2025-2026 FAITH FORMATION REGISTRATION FORM

Home Phone	Cell Phone	
Mother/Guardian Name		
Home Phone (same □)	Cell Phone	
Primary Address		
City		
Primary Email		
Every Monday (SeptMay), I would like to receive th		Yes
You can use email for other church communications	Yes	
STUDENT INFORMATION		
Name: Last	First	
Address		
Date of Birth		
Entrance Grade Fall 2016 (circle one): 1 2	3 4 5 6 7 8 9 10 11 1	2
Baptized? Y / N Received First Reconciliati	on? Y / N Received First Euch	narist? Y/N
•		
Received Confirmation? Y / N		
Received Confirmation? Y / N Allergies/Special needs:		
·		
Received Confirmation? Y / N Allergies/Special needs:  STUDENT INFORMATION		
Allergies/Special needs:		
Allergies/Special needs:  STUDENT INFORMATION	First	
Allergies/Special needs:  STUDENT INFORMATION  Name: Last	First City/State	Zip
Allergies/Special needs:  STUDENT INFORMATION  Name: Last  Address	First City/State Age	Zip Sex M / F
STUDENT INFORMATION  Name: Last Address  Date of Birth Entrance Grade Fall 2016 (circle one): 1 2 3	First City/State Age	Zip Sex M / F 2
STUDENT INFORMATION  Name: Last Address  Date of Birth Entrance Grade Fall 2016 (circle one): 1 2 3	First City/State Age 3 4 5 6 7 8 9 10 11 1	Zip Sex M / F 2
STUDENT INFORMATION  Name: Last  Address  Date of Birth  Entrance Grade Fall 2016 (circle one): 1 2 3  Baptized? Y / N Received First Reconciliation	First City/State Age 3 4 5 6 7 8 9 10 11 1 fon? Y / N Received First Euch	Zip Sex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last Address Date of Birth Entrance Grade Fall 2016 (circle one): 1 2 3  Baptized? Y / N Received First Reconciliating Received Confirmation? Y / N  Allergies/Special needs:	First City/State Age 3 4 5 6 7 8 9 10 11 1 fon? Y / N Received First Euch	Zip Sex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last	First City/State Age 3 4 5 6 7 8 9 10 11 1 fon? Y / N Received First Euch	Zip Sex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last  Address  Date of Birth  Entrance Grade Fall 2016 (circle one): 1 2 3  Baptized? Y/N Received First Reconciliati Received Confirmation? Y/N  Allergies/Special needs:  PROGRAM FEE  Fee: \$40	First City/State Age 3 4 5 6 7 8 9 10 11 1 fon? Y / N Received First Euch	Zip Sex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last	First City/State Age	Zip Sex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last	First City/State Age 3  4  5  6  7  8  9  10  11  1 fon? Y / N Received First Euch	ZipSex M / F 2 narist? Y / N
STUDENT INFORMATION  Name: Last Address Date of Birth Entrance Grade Fall 2016 (circle one): 1 2 3  Baptized? Y / N Received First Reconciliating Received Confirmation? Y / N  Allergies/Special needs:  PROGRAM FEE  Fee: \$40	First City/State Age 3  4  5  6  7  8  9  10  11  1 fon? Y / N Received First Euch	ZipSex M / F 2 narist? Y / N

## 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 (SeptMay), I would like to receive the way you can use email for other church communications.	veekly "Nativity News" by emailYe	25
STUDENT INFORMATION		
Name: Last		
Address		
Date of Birth		Sex M / F
Entrance Grade Fall 2016 (circle one): 1 2 3		
Sacrament Needed: Reconciliation Cor		
Confirmation 4th Grade and a		
Allergies/Special needs:		
STUDENT INFORMATION		
Name: Last	First	
Address		
Date of Birth		
Entrance Grade Fall 2016 (circle one): 1 2 3	4 5 6 7 8 9 10 11 12	
Sacrament Needed: Reconciliation Cor	nfirmation & First Eucharist	
Confirmation 4th Grade and a	bove	
Allergies/Special needs:		
PROGRAM FEES		
First Reconciliation: \$25		
Combined Confirmation and First Eucharist: \$25		
Scholarships are available - Contact Melissa Hund-C	Cerna	
☐ I do not wish to have my child photographed for Fa	aith Formation promotional purposes.	
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