

**BLESSED SACRAMENT PARISH
FAITH FORMATION
REGISTRATION FORM**

Today's Date _____

STUDENT'S NAME: _____

ADDRESS: _____

CITY AND ZIP CODE: _____

HOME TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

OTHER TELEPHONE NUMBERS: _____

E-MAIL ADDRESS: _____

SCHOOL ATTENDING: _____

PRESENT GRADE: _____ AGE: _____

STUDENT'S DATE OF BIRTH: _____

NAME OF PARENTS/GUARDIANS: (Please Print First and Last Name)

FATHER _____ RELIGION _____
MOTHER _____ RELIGION _____

PLEASE INDICATE THOSE SACRAMENTS WHICH YOUR CHILD HAS RECEIVED AND IN WHAT PARISH. IF SACRAMENT WAS NOT RECEIVED AT BLESSED SACRAMENT, PLEASE ATTACH COPIES OF CERTIFICATES TO THIS FORM.

DATE OF BAPTISM _____ PARISH _____
DATE OF FIRST COMMUNION _____ PARISH _____
DATE OF PENANCE _____ PARISH _____
DATE OF CONFIRMATION _____ PARISH _____

PRESENT PARISH AFFILIATION _____

IN CASE OF EMERGENCY PLEASE NOTIFY (BESIDE PARENT OR GUARDIAN)

NAME: _____ RELATIONSHIP: _____

TELEPHONE NUMBER _____

SIGNATURE OF PARENT OR GUARDIAN: _____

**PLEASE PROVIDE THE NAME(S) OF ANY OTHER CHILDREN
ATTENDING RELIGIOUS EDUCATION CLASSES.**

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____