

FAITH FORMATION REGISTRATION FORM

Most Holy Name of Jesus Catholic Church

Year _____

Please fill in the following as completely as possible in the areas indicated.

FAMILY INFORMATION

Family LAST Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Father's Work Phone _____

Cell Phone: _____ Mother's Work Phone _____

E-mail: _____

Marital Status: Single Married
 Divorced Not married
 (Circle one)

Mailing Titles: Mr. & Mrs. Mr. Mrs. Ms.
 Miss Dr. & Mrs. Mr. & Dr.
 (Circle one)

Father's Name _____

Father's Religion: _____ Occupation: _____

Mother's Name _____

Mother's Maiden Name _____

Mother's Religion: _____ Occupation: _____

If divorced, indicate who has custody and who to contact. _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

Language(s) Spoken at Home: _____

Parent/Guardian Signature _____ Date _____

OTHER CHILDREN IN FAMILY

Name	Age	M or F	Grade	School where enrolled
1-	_____	_____	_____	_____
2-	_____	_____	_____	_____
3-	_____	_____	_____	_____
4-	_____	_____	_____	_____

Are you a registered member of Most Holy Name Parish? Yes _____ No _____

If No, at what parish are you registered? _____

Fees:
\$20.00 per child / Max. \$50.00 per family. Make checks payable Most Holy Name of Jesus. Fees are due at the time of registration unless other arrangements are made with the DRE. Sacramental Preparation – 1st Eucharist, 1st Reconciliation or Confirmation will have an additional fee of \$20.00 for the additional texts.

OFFICE ONLY: Enrollment for _____	Regular Faith Formation -- Grade _____
_____	First Eucharist / Reconciliation
_____	Confirmation
_____	RCIA for children
Paid / Owes _____	Registration fee Amount
Parent Received _____	Receipt
_____	Handbook A & B / Materials
_____	Safe Environment Acknowledgment
_____	Photo permission
_____	Parish Registration Form

Special Notes:

FAITH FORMATION REGISTRATION FORM Year _____

STUDENT INFORMATION - Complete one form for each child

Family LAST Name: _____

Child's Name (Last, First): _____

Sex: M ____ F ____ Current Age ____ DOB: (mm/dd/yyyy) _____ Religion: _____

Place of Birth: _____
(City, State, Country)

Current School Grade (Fall): _____ Current School (Fall): _____

SACRAMENTAL HISTORY

***** Please Note: We Must Have on file a copy of the Baptismal Certificate and the First Communion data as required by the Diocese of St. Petersburg.**

Baptized? Yes ____ No _____	Church and Address
Date of Baptism _____	_____

Reconciliation? Yes ____ No _____	Church and Address
Date of 1 st Reconciliation _____	_____

1 st Eucharist? Yes ____ No _____	Church and Address
Date of 1 st Eucharist _____	_____

Confirmation Yes ____ No _____	Church and Address
Date of Confirmation _____	_____

Special Notes: Medical conditions, allergies, etc.