

ST. MEL CATHOLIC FAITH FOMATION REGISTRATION FORM

Grade of Student 1 2 3 4 5 6 7 8

Day: Sunday

2017 / 2018

Please Print:

Student's Name: Last First Middle

Date of Birth: School Attending: Grade:

Mom's Name: Mom's Maiden Name: Mom's Religion: First Last

Dad's Name: Dad's Religion: Marital Status: First Last

Mailing Address: Street City Zip Code

Primary Contact: E-mail Address:

If this is a step-parent or guardian situation, please inform us. We need to know who is to be the contacted and where all communications should be sent.

Home Phone: Mom's Cell Phone: Dad's Cell Phone:

Father's Work Phone: OK to call: Yes No Mother's Work Phone: OK to call: Yes No

Registered @ (Parish): Name Address: Street City Zip Code

Student's Place of Birth City State

Baptized @ (Parish): Name Address: Street City State Zip Code

Date of Baptism: Copy of Baptismal Certificate Submitted: For office use only

First Confession @ (Parish): Name Address: Street City State Zip Code Date:

First Holy Communion @ (Parish): Name Address: Street City State Zip Code

Date of First Holy Communion: Copy of First Holy Communion Certificate Submitted: For office use only

Attended St. Mel CFF Program Last Year? Yes No (If No, please indicate the Parish where previous instruction took place.)

Parish Name Address: Street City State Zip Code Grade Completed

HEALTH INFORMATION:

Please inform us of any health problems (allergies and medications) we should be aware of:

Emergency Contacts:

Name: Address: Phone # Relationship: Name: Address: Phone # Relationship:

I have filled this form out to the best of my knowledge and will inform the St. Mel CFF program if any changes occur.

Signature Print Date