

**PARISH OF THE ASSUMPTION FAITH FORMATION REGISTRATION 2018-2019**

**PRIMARY CONTACT INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS (street, city, state, zip):  
 \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**STUDENT INFORMATION**

**GRADES K-5**

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	SACRAMENTS RECIEVED	GRADE ENROLLING	PROGRAM/SACRAMENT PREPARATION (Use key below)
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		

**Program key:** **C-8:** classroom 8:05 session **C-10:** classroom 10:05 session **F:** family model **S:** sacrament preparation [Reconciliation (2<sup>nd</sup> and older), Eucharist (3<sup>rd</sup> and older), Confirmation (3<sup>rd</sup> ONLY)]

**GRADES 6-7**

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	SACRAMENTS RECIEVED	GRADE ENROLLING	PROGRAM/SACRAMENT PREPARATION (Use key below)
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		

**Program key:** **E:** Edge

**GRADES 8-10**

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	SACRAMENTS RECIEVED	GRADE ENROLLING	SACRAMENT PREPARATION (Use key below)
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		
				<input type="radio"/> Baptism <input type="radio"/> Reconciliation <input type="radio"/> Eucharist		

**Program Key:** **C:** Confirmation **S:** Sacrament preparation (preparation for Reconciliation and Eucharist to receive Confirmation)

**Special Needs/Accommodations/ Medical:** Please list any special circumstances we should be aware of to better meet your child's needs including, but not limited to: special needs, learning accommodations and/or, medical conditions including allergies, use of epi-pen, inhaler or other medical equipment. Please be sure to identify the family member(s) to which the circumstances apply. Put all information on the back of this form.

<b>FOR OFFICE USE ONLY:</b>	Date Received:	Amount Received:	Check Number:	Volunteer:
-----------------------------	----------------	------------------	---------------	------------