

CHRISTIAN FORMATION REGISTRATION

ENV # _____

DATE _____

CHILD'S FIRST NAME _____ MIDDLE _____ CHILD'S LAST NAME _____

FAMILY LAST NAME IF DIFFERENT _____

BIRTHDATE _____ CITY AND STATE OF BIRTH _____

CHILD'S RELIGION ___ Roman Catholic; ___ Eastern Catholic; ___ Catholic; ___ Orthodox; Other _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ EMAIL ADDRESS _____

CELL PHONE _____ GRADE IN FALL _____ FAMILY FAITH SHARING LEVEL _____

**An original baptismal certificate of any child not baptized at St. Malachy must be submitted.
We will make a copy and return the original to you.**

	<u>DATE</u>	<u>CHURCH</u>	<u>CITY</u>
BAPTISM:	____/____/____	_____	_____
EUCARIST:	____/____/____	_____	_____
CONFIRMATION:	____/____/____	_____	_____

FATHER'S FULL NAME _____

RELIGION _____ E-MAIL _____ CELL NUMBER _____

MOTHER'S FULL MAIDEN NAME _____

RELIGION _____ E-MAIL _____ CELL NUMBER _____

MARITAL STATUS OF PARENT(S) (PLEASE CHECK): SINGLE MARRIED SEPARATED DIVORCED WIDOWED

If different than above:

BIRTH MOTHER'S FULL NAME _____ MAIDEN NAME _____

BIRTH FATHER'S FULL NAME _____

BIRTH MOTHER'S RELIGION _____ BIRTH FATHER'S RELIGION _____

My child has my permission to attend Christian Formation Sessions and I give permission for my child to be photographed or videotaped **without their name** for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, bulletin boards, website, social media (i.e. Facebook, Twitter), etc. *Parents may cancel this Authorization at any time providing written notice to the Parish.*

Parent's Signature _____ Date _____

EMERGENCY PHONE NUMBER (OTHER THAN PARENT) _____

EMERGENCY CONTACT PERSON _____

IF YOU ARE NOT A REGISTERED PARISHIONER, AT WHAT PARISH ARE YOU REGISTERED? _____

Fees for Levels K - 8

\$90.00 - 1 CHILD

\$100.00 - 2 CHILDREN

\$110.00 - 3 CHILDREN OR MORE

Payment Amount

Check _____

Cash _____

Online _____