

ST. VALENTINE FAITH FORMATION REGISTRATION FORM

Cell # _____

FAMILY NAME _____ Home # _____ DATE _____ TUITION _____ AMT. PD _____

ADDRESS _____ CITY _____ ZIP _____ PARISH _____

FATHER'S FIRST NAME _____ RELIGION _____ LIVING _____ DECEASED _____

(Show parents full name if different than family name.)

MOTHER'S FIRST NAME _____ RELIGION _____ LIVING _____ DECEASED _____

EMAIL ADDRESS: _____

****Was your child/children baptized in a Catholic Church? Yes _____ No _____**

Child's legal first name and middle initial	2019-20 Religion Grade	Sex	Date of Birth	School Grade	Name, affiliation & location of church where child was baptized	Received Eucharist yes/no	Received Penance yes/no	Received Confirmation yes/no
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Do any of the above children have health problems, handicaps, learning disabilities, or special circumstances? If so, please tell us about them. This will help the catechists understand and relate to the child in the classroom. _____

We need a Baptism certificate for each child at registration. If your child was baptized at St. Valentine, please see the back of form.

Please be sure to read the reverse side of this form.