

**ST. VALENTINE FAITH FORMATION REGISTRATION FORM - 2024-25**

FAMILY NAME \_\_\_\_\_ Cell # \_\_\_\_\_ 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	2024-25 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.