

2023-2024

Faith Formation Registration
Our Lady of Mt. Carmel, Emmett
Sacred Heart, Yale
St. John the Evangelist, Allenton

Date Received by Office

Family Last Name

PARENT INFORMATION

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Marital status: M / D / RM / S / W

Primary Phone: () _____

E-Mail Address: _____

Secondary Phone:() _____

Street Address: _____

City: _____ Zip: _____

Home Parish: _____

Were you enrolled in last year's program ? Yes No

If no, what religious education program were you enrolled in: _____

STUDENT INFORMATION

CHILD'S NAME M / F BIRTH DATE

___ Sunday 11:30am-1:30pm

SCHOOL GRADE IN FALL

___ Wednesday 6:00pm – 7:15pm

SPECIAL MEDICAL OR LEARNING NEEDS:

CHECK ALL SACRAMENTS RECEIVED

___ Baptism ___ Eucharist ___ Reconciliation ___ Confirmation

Place of Baptism _____

CHILD'S NAME M / F BIRTH DATE

___ Sunday 11:30am-1:30pm

SCHOOL GRADE IN FALL

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CHECK ALL SACRAMENTS RECEIVED

___ Baptism ___ Eucharist ___ Reconciliation ___ Confirmation

Place of Baptism _____

EMERGENCY MEDICAL RELEASE

I authorize emergency care for my child(ren) if necessary while present at Our Lady of Mt. Carmel, Sacred Heart and St John Family Catechesis programs and assume responsibility for payment if such is incurred. This authorization is given if I or the emergency contact cannot be reached.

Emergency Contact: _____ Phone #: () _____

Family Physician: _____ Phone #: () _____

Signature of Parent or Legal Guardian _____ Date: _____