

For Families who attended the 2010-2011 Formation Year
2011-2012 - Family Faith Formation
Grades P-5

PRINT and COMPLETE

Family Last Name: _____

Father First Name _____ Mother First Name _____

Address: _____ **ZIP** _____

Phone: _____

E-mail address: _____

Father Employed by _____

Mother Employed by _____

Child's Name: _____ Grade: _____

Include last name if different than parent

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Please list any significant medical, allergy, or learning concerns:

Child's Name: _____ Concern: _____

Child's Name: _____ Concern: _____

Child's Name: _____ Concern: _____

Child's Name: _____ Concern: _____

Session: _____ Sunday, monthly 10:30 AM – 12:00 Noon
_____ Wednesday, monthly 6:30 pm – 8:00 pm
(Pre-School – Sunday ONLY)

OFFICE ONLY:

Fee: \$50.00 per family- Due with Form

Paid: _____

Parish Member Number: _____

Rec _____

E-mail _____

File _____