

St. Jane Frances de Chantal

1st-8th Faith Formation Registration
2019-2020

Child's Name _____ Male _____ Female _____
Last First MI

Address _____ Apt. # _____
City _____ State _____ Zip Code _____

Home Phone _____ Mother's Cell Phone _____
E-mail address _____ Father's Cell Phone _____

(Please print clearly this is our main form of communication)

Child's Date of Birth _____

Grade and Parish last attended Faith Formation _____

Faith Formation Grade for 2019-20 _____

School Grade for 2019-20 _____ School Attending for 2019-20 _____

Please list special accommodations/Allergies for your child _____

Father's Name _____ Religion _____
First Last

Work Phone _____ Occupation _____

Mother's Name _____ Religion _____
First Last

Work Phone _____ Occupation _____

Emergency Contact _____ Phone _____
Relationship to Child _____

Are you a registered parishioner of St. Jane de Chantal? Yes _____ No _____

If no, where are you registered _____

Has your child been baptized? Yes _____ No _____ Full Baptism Date _____ Certificate _____
month/day/year on file

Baptism Church _____
city state zip country

Baptism Certificates must accompany all registration forms or be on file with the Seton Center

Sacraments your child has received: First Reconciliation _____ First Eucharist _____

I do _____ I do not _____ give my permission to have my child appear in any media coverage approved by the Director of Faith Formation. I understand that the Director has authority to determine what is an appropriate request.

I do _____ I do not _____ give my permission for our names, addresses and telephone numbers to appear in a Family Directory that is intended solely for the use of staff, parents and children of the program.

Parent/Guardian Signature _____ Date _____

Official Use

Number of Children _____ Names and Grades of Siblings _____

Tuition Fee _____ Date Submitted _____ Check _____ or Cash _____