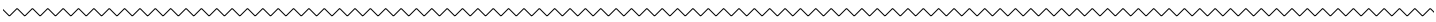


**Parish of St. Simon Stock
Registration for FAITH FORMATION
2018-2019**

1. Family Last Name: _____ Date: _____
2. Home Address: _____ Zip: _____
3. Mother's Information:
Name _____ Religion _____
Phone _____ Email _____
4. Father's Information:
Name _____ Religion _____
Phone _____ Email _____
5. Name, Address, Phone and Email of Legal Guardian, if different from above:

6. Session Choices: Monday 5:00pm-6:00pm _____ **OR** Wednesday 6:00pm-7:00pm _____ **OR**
Home Faith Formation _____



Child #1:

Name (first & last) _____

Birth Date _____ Birth Place (city, state) _____

Grade child will enter in September _____

Is your child baptized? YES _____ NO _____
(If **YES**, supply the date and parish of baptism. If child is a **NEW** student, a baptismal certificate **must be** presented at registration.)

Date _____ Parish, City, State _____

Has your child celebrated the sacrament of Holy Eucharist? YES _____ NO _____

Does your child have **special needs**? If yes, please explain: _____

Does your child have an **allergy** we need to be aware of? Explain: _____



(OVER)

Child #2:

Name (first & last) _____

Birth Date _____ Birth Place (city, state) _____

Grade child will enter in September _____

Is your child baptized? YES _____ NO _____
(If YES, supply the date and parish of baptism. If child is a **NEW** student, a baptismal certificate **must be** presented at registration.)

Date _____ Parish, City, State _____

Has your child celebrated the sacrament of Holy Eucharist? YES _____ NO _____

Does your child have **special needs**? If yes, please explain: _____

Does your child have an **allergy** we need to be aware of? Explain: _____

Child #3:

Name (first & last) _____

Birth Date _____ Birth Place (city, state) _____

Grade child will enter in September _____

Is your child baptized? YES _____ NO _____
(If YES, supply the date and parish of baptism. If child is a **NEW** student, a baptismal certificate **must be** presented at registration.)

Date _____ Parish, City, State _____

Has your child celebrated the sacrament of Holy Eucharist? YES _____ NO _____

Does your child have **special needs**? If yes, please explain: _____

Does your child have an **allergy** we need to be aware of? Explain: _____

Child #4:

Name (first & last) _____

Birth Date _____ Birth Place (city, state) _____

Grade child will enter in September _____

Is your child baptized? YES _____ NO _____
(If YES, supply the date and parish of baptism. If child is a **NEW** student, a baptismal certificate **must be** presented at registration.)

Date _____ Parish, City, State _____

Has your child celebrated the sacrament of Holy Eucharist? YES _____ NO _____

Does your child have **special needs**? If yes, please explain: _____

Does your child have an **allergy** we need to be aware of? Explain: _____

Official use only: TUITION PAID: \$150 _____ CHECK or CASH
\$200 _____ CHECK or CASH