

**Parish of St. Simon Stock**  
**Registration for FAITH FORMATION**  
**2019 – 2020**

1. Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Mother's Information:  
Name \_\_\_\_\_ Religion \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
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 \_\_\_\_\_

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**Child #1:**

Name (first & last) \_\_\_\_\_ Gender: \_\_\_\_\_

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, or this is a sacramental year (i.e., 2<sup>nd</sup> or 8<sup>th</sup> grade), 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: \_\_\_\_\_

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**(OVER)**

**Child #2:**

Name (first & last) \_\_\_\_\_ Gender: \_\_\_\_\_

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, or this is a sacramental year (i.e., 2<sup>nd</sup> or 8<sup>th</sup> grade), 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: \_\_\_\_\_

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**Child #3:**

Name (first & last) \_\_\_\_\_ Gender: \_\_\_\_\_

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, or this is a sacramental year (i.e., 2<sup>nd</sup> or 8<sup>th</sup> grade), 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: \_\_\_\_\_

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**Child #4:**

Name (first & last) \_\_\_\_\_ Gender: \_\_\_\_\_

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, or this is a sacramental year (i.e., 2<sup>nd</sup> or 8<sup>th</sup> grade), 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: \_\_\_\_\_

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**Official use only: TUITION PAID: \$150 \_\_\_\_\_ CHECK or CASH**  
**\$225 \_\_\_\_\_ CHECK or CASH**