

# Faith Formation Registration

2009 – 2010

Please fill form out completely

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

In case of an emergency contact \_\_\_\_\_ at \_\_\_\_\_

Child's Name	Grade	Birth Date	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tell us any important medical, allergies, emotional, custodial or special concerns that we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Parent participation is an important part of your child's faith development. How can you help your child's class?

I can help by:

- \_\_\_ being a substitute leader
- \_\_\_ assisting in the classroom

I am available to help in my child's classroom on \_\_\_\_\_