

SACRED HEART FAITH COMMUNITY

CHILDREN'S FAITH FORMATION REGISTRATION FORM

4 - 13 year olds and
Parent Faith Discussion Group

Child's Name: _____

Date of Birth: _____ **Place of Birth:** _____
day month year

Child's Grade in Sept: _____ **Child's school** _____

Parent names: mom _____

dad _____

Address: _____

Postal code: _____

E-mail address: mom _____

dad _____

Telephone #: _____

**Ministry your child might be interested in: ushering, altar serving,
proclaiming, children's choir** _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism: _____ **Year:** _____ **Church Name:** _____

Confirmation: _____ **Year:** _____

1ST Communion: _____ **Year:** _____

1st Reconciliation: _____ **Year:** _____

Are you interested in joining a Parent Faith Discussion Group: _____