SACRED HEART FAITH COMMUNITY

CHILDREN'S FAITH FORMATION REGISTRATION FORM

4 – 13 years old Registration Date (D/M/Y): _____

Child's Name: _____

Date of Birth: _____ Place of Birth: _____
Day/month/year

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

Parent's names: Mom: _____

Dad: _____

Address: _____

Postal code: _____ Phone #: _____

E-mail address: Mom: _____ Cell#: _____

Dad: _____ Cell#: _____

Emergency Contact: Name: _____

Phone: _____

Ministry your child might be interested in: ushering; music; altar serving; proclaiming; offertory (gifts); hospitality: _____

SACRAMENTS YOUR CHILD HAS RECEIVED

Baptism: _____Date (D/M/Y): _____ Church/Parish: _____

Confirmation: _____Year: _____ Church/Parish: _____

1st Communion: _____Year: _____ Church/Parish: _____

Has your child celebrated the sacrament of reconciliation? Yes ___ No ___