

St. Boniface Faith Formation Registration

Preschool through Fifth Grade

2011-2012

Family name _____

email address _____ Are you registered in the parish? _____ yes
_____ no

Who does your child live with? _____ Both Parents _____ Joint Custody _____ Dad _____ Mom _____
Other _____

Does a second parent need to be on the mailing list? _____ yes _____ no

Parents Father _____ Religion _____
_____ (last) _____ (first)

Mother _____ Religion _____
_____ (last) _____ (first)

Address _____ Home phone _____
_____ (street) _____

_____ (city) _____ Mother's work phone _____
_____ (zip)

Father's work phone _____

Who can we contact in an emergency if you can't be reached?

Name/Relationship _____ Phone _____

Family Doctor _____ Phone _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH CHILD BEING REGISTERED

(registration information for additional children on back of form)

Name _____ nickname _____ Date of birth _____

Where did child attend faith formation classes last year? _____

School child attends _____ Grade _____

Baptism _____ yes _____ no _____ Date _____

Parish _____ (City and State)

Confirmation _____ yes _____ no _____ Date _____

Parish _____

St. Boniface Faith Formation Registration

Preschool through Fifth Grade

2011-2012

(City and State)

Eucharist _____ yes _____ no Date _____
Parish _____

(City and State)

Reconciliation _____ yes _____ no Date _____
Parish _____

(City

and State)

Does child have any medical, learning, or social problems we should be aware of? _____ no _____ yes (indicate below)

Name _____ nickname _____ Date of birth _____

Where did child attend faith formation classes last year? _____

School child attends _____ Grade _____

Sacrament Information

Baptism _____ yes _____ no Date _____

Parish _____
(City and State)

State)

Confirmation _____ yes _____ no Date _____

Parish _____

(City and State)

Eucharist _____ yes _____ no Date _____
Parish _____

(City and State)

Reconciliation _____ yes _____ no Date _____
Parish _____

(City and State)

Does child have any medical, learning, or social problems we should be aware of? _____ no _____ yes (indicate below)

Name _____ nickname _____ Date of birth _____

St. Boniface Faith Formation Registration
Preschool through Fifth Grade

2011-2012

Where did child attend faith formation classes last year? _____
School child attends _____ Grade _____

Sacrament Information

Baptism _____ yes _____ no Date _____
Parish _____ (City and State)

Confirmation _____ yes _____ no Date _____
Parish _____ (City and State)

Eucharist _____ yes _____ no Date _____
Parish _____ (City and State)

Reconciliation _____ yes _____ no Date _____
Parish _____ (City and State)

Does child have any medical, learning, or social problems we should be aware of? _____ no _____ yes (indicate below)

