



FAITH FORMATION REGISTRATION FORM

Child's name _____

Parent(s) _____

Home Address _____

Phone Number _____

Email _____

MORE ABOUT YOUR CHILD

Birthday _____ **Age** _____

Grade Starting _____

Siblings (Name & Age) _____ **Age** _____

_____ **Age** _____

SPECIAL INSTRUCTIONS

Allergies _____

Physical Challenges _____

Other _____

IN AN EMERGENCY

Name _____ **Phone** _____

PHOTO RELEASE

**We like to take pictures. Please sign below if we have permission
to photograph your child.**



"And he took the children
in his arms, put his hands
on them and blessed them."

Mark 10:16

Parent or guardian _____