

**ST. LOUIS CHURCH FAITH FORMATION REGISTRATION FORM:  
2018-2019 ACADEMIC YEAR**

THE FOLLOWING INFORMATION IS REQUESTED BY THE DIOCESE OF BUFFALO AND WILL BE MAINTAINED ON EACH CHILD'S RELIGIOUS EDUCATION PERMANT RECORD CARD.

**FAMILY INFORMATION**

Family Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Registered Parish: \_\_\_\_\_

PLEASE COMPLETE A "CHILD INFORMATION" SECTION FOR EACH OF YOUR CHILDREN.

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism (Church, City, Date): \_\_\_\_\_

First Penance (Church, City Date): \_\_\_\_\_

First Eucharist (Church, City, Date): \_\_\_\_\_

Allergies/ Special Needs: \_\_\_\_\_

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