

**ST. LOUIS CHURCH FAITH FORMATION REGISTRATION FORM:
2019-2020 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: _____

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: _____

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: _____

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: _____

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: _____