



## FAITH FORMATION REGISTRATION FORM

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

EMAIL THIS FORM TO THE COORDINATOR OF FAITH FORMATION, ASHILLE CAMPBELL, TO REGISTER FOR FAITH FORMATION ([religioused@stlouisrcchurch.org](mailto:religioused@stlouisrcchurch.org))

### 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: \_\_\_\_\_

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

### CHILD #1

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

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

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

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

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

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

**CHILD #2**

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

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

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

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

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

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

**CHILD #3**

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

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

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

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

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

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

**CHILD #4**

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

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

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

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

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

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