



Christian Formation

Student Registration Form 2018 - 2019

Student name: _____

Family last name: _____ Parish ID # _____

CF Code:
Day and Room assigned:
School Grade:

Section 2: The following information must be taken from the student's Birth Certificate

Student's Name (as it appears on the Birth Certificate)	
Date of Birth	Country or State of Birth
Father's name (as it appears on the Birth Certificate)	
Mother's name (as it appears on the Birth Certificate)	

Section 3: The following information must be taken from the student's Baptism Certificate (if applicable)

Name of Church	Date of Baptism		
Address of Church			
Street Address	City	State or Country	Zip Code

Section 4: The following information must be taken from the student's First Communion Certificate (if applicable)

Name of Church	Date of First Communion		
Address of Church			
Street Address	City	State or Country	Zip Code

Special Needs Survey: Please provide a brief summary of any special needs (physical limitations, behavioral, medical, etc.) that we should be aware of as we work with your child.

Learning:
Physical:
Behavioral:
Chronic illnesses or other medical:
Please note: If your child needs to have medication administered during class time, it must be administered by a parent or medical professional.

Office use only

Date of registration: _____	Processed by: _____	Book / Spirit Day: _____
Catechist assigned: _____	Day and room # _____	
_____ Birth Certificate on file	_____ Baptism Certificate on file	_____ First Communion Certificate on file

Notes and Remarks: