

FAITH FORMATION REGISTRATION

Please Print Legibly

FAMILY LAST NAME _____

Date _____

Address _____

Parents/ Guardians: married/single/separated/divorced. (Please circle one)

Dad _____ Spouse, if not mom _____
First & Last name First & Last name

Mom _____ Maiden Name _____ Spouse, if not dad _____
First & Last name First & Last name

Current Contact Information:

Home _____ cell -mom _____ cell - dad _____

Email _____ **OUR PRIMARY MEANS OF COMMUNICATION!**

If divorced, primary contact _____

STUDENT INFORMATION

1). Student Name: _____
Last First Middle Nickname

Personal Information:

2018/19 Grade: _____ Gender: _____ Birthdate: _____ Primary Language _____
School: _____ Birth Place: (City/State) _____

Class Selection (circle selection): Sun 6:15 pm Wed 4:45 pm RCIA Sunday Morning
(Pre-k - 12th grade) (Pre-k - 6th grade) (7 years old - 12th grade)

Faith Formation or Catholic School Attendance:

_____ Grades Attended 1 2 3 4 5 6 7 8 9 10 11 12
Parish City/State

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Parish City/State

Sacraments:

Baptism: Age Received _____ Parish name with City/State: _____

Penance: Grade received _____ Parish name with City/State: _____

Confirmation: Grade received _____ Parish name with City/State: _____

Communion/Eucharist : Grade received _____ Parish name with City/State: _____

2). Student Name: _____

Last

First

Middle

Nickname

Personal Information:

2018/19 Grade: _____ Gender: _____ Birthdate: _____ Primary Language _____

School: _____ Birth Place: (City/State) _____

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First

Middle

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Last

First

Middle

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Confirmation: Grade received _____ Parish name with City/State: _____

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Last

First

Middle

Nickname

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Confirmation: Grade received _____ Parish name with City/State: _____

Communion/Eucharist : Grade received _____ Parish name with City/State: _____

Media Release

****PLEASE NOTE**** Ave Maria Catholic Church takes photographs and video footage of children, youth, and adult activities. This material is used for sharing our proudest achievements and special events with the Parish and Diocese of Colorado Springs. Please sign to acknowledge that your child may be photographed to share within our Parish and Diocese of Colorado Springs.

Parent signature

EMERGENCY CONTACTS

Please note: Emergency Contacts are NOT parents.

1) Name _____

Relationship to student _____

Phones: Home _____

Cell _____

2) Name _____

Relationship to student _____

Phones: Home _____

Cell _____

IN ORDER TO BEST SERVE YOUR CHILD IN THE CLASSROOM, WE NEED TO KNOW OF ANY MEDICAL CONDITIONS OR SPECIAL INSTRUCTIONS, PHYSICAL OR PSYCHOLOGICAL IMPAIRMENTS (I.E. ALLERGIES, LEARNING DISABILITIES, ETC.)

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Please use additional paper if necessary.