

SS. Peter & Paul Faith Formation
Registration Form
317 Baldie Street Ionia, MI 48846
616-527-3575

Section A Parent Information

Mothers Name: _____
(First) (Maiden) (Last)

Fathers Name: _____
(First) (Last)

Home Address: _____
(Street Number) (City/State/Zip)

Home Telephone : _____ Parent Email address: _____

Parent Cell phone: _____

Name and address of Stepparent and/or Legal Guardian **if different from above:**

(Name) (Address) (Phone)

Is Mother Catholic? Yes or No Is Father Catholic? Yes or No

Is your family new to the Faith Formation Program? Yes or No

Please complete Section B listing all of the children in your family.

Section B Family Information

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at SS. Peter & Paul please state where and when they were received: _____

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at SS. Peter & Paul please state where and when they were received: _____

(Please complete both sides of this form)

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at SS. Peter & Paul please state where and when they were received: _____

Child's Name: _____ Grade: _____ DOB: _____

This child has received the following sacraments: (Please circle all that apply)

Baptism Reconciliation Eucharist Confirmation

If the sacraments were not received at SS. Peter & Paul please state where and when they were received on the line: _____

Section C Emergency Information

In case of an accident or serious illness the Faith Formation Center will first contact a parent. Persons other than a parent to be notified in an emergency when parents are unavailable should be listed below:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Do any of your children have medical problems that we should be aware of? Yes or No

If yes, please explain: _____

Thank you for filling this form out in its entirety. It is vital to our church records to have accurate information on file.

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THE BELOW PORTION IS TO BE COMPLETED BY THE FAITH FORMATION OFFICE

Section D For Office Use Only

The \$65.00 tuition for the 2016-2017 year was paid by check # _____ or cash

_____ on _____.