

SS. Peter & Paul Faith Formation
Registration Form 2019/2020
317 Baldie Street Ionia, MI 48846
616-527-3610

Section A Parent Information

Mother's Name: _____
(First) (Maiden) (Last)

Father's 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 our 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: _____

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 conditions that we should be aware of? Yes or No

If yes, please explain: _____

If you have not already done so, PLEASE sign up to receive text notifications for class cancellations and other important notifications on the REMIND APP. **Our code is @3dg9h2a**

Thank you for filling this form out in its entirety. It is vital to our parish 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 2019-2020 year was paid by check # _____ or cash
_____ on _____.