

**Faith Formation 2018-19**

Name: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

Address: \_\_\_\_\_

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Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Is there any medical condition about your child that we should be aware of?

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Are you interested in helping with our Faith Formation Program? \_\_\_\_\_

Are you interested in helping with our Children's Liturgy Program? \_\_\_\_\_

**\*\*\*\*\*If your child is entering into 2<sup>nd</sup> grade please return this form with a copy of the Baptismal Certificate\*\*\*\*\***