



**ST. FRANCIS  
DE SALES**

## Faith Formation Program

- In order to help us serve you, please:
1. complete both sides of this form.
  2. print all information clearly.
  3. give us a copy of each child's baptismal certificate to file

Family Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person responsible for Religious Education, if not a parent: \*\*

\_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*Parent/guardian must provide a signed, dated letter of permission to the Program Coordinator annually.

Emergency Contact Information (the above numbers will be tried first)

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

Cell Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Custody: Are there any custody/legal issues that we need to be aware of? \_\_\_\_\_

(Please provide a complete copy of the latest court order, if applicable)

Communication:

Materials in \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Permissions:

\_\_\_\_\_ I give permission that, in my absence, my children, whose names appear on the back of this form, may receive medical care for injuries that should occur while participating in Religious Education and activities at Saint Francis de Sales Parish.

\_\_\_\_\_ I give permission for my child(ren)'s picture to be taken as part of Religious Education activities and for such pictures to be used in any promotional materials, in the parish bulletin, on the parish website, or in newspapers articles in relation to events that occur in the parish.

Signature: \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's Complete Name: \_\_\_\_\_  
What name does this child go by (nickname)? \_\_\_\_\_  
Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade and School: \_\_\_\_\_  
Has this child been baptized in the Roman Catholic Church? \_\_\_\_\_  
Has this child received the Sacrament of Penance (First Confession)? \_\_\_\_\_  
Has this child received First Communion? \_\_\_\_\_  
Did this child attend religious education last school year? \_\_\_\_\_  
If so, where? \_\_\_\_\_  
Are there any medical conditions/allergies that we should aware of?  
\_\_\_\_\_  
Are there any special needs (ADD/ADHD, Autism, Learning Issues) that we should be aware of?  
\_\_\_\_\_  
What is the child's primary language, if not English? \_\_\_\_\_

Child's Complete Name: \_\_\_\_\_  
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