

# Catholic Communities of L'Arbre Croche Faith Formation Registration Form

Catholic Communities of L'Arbre Croche (Holy Childhood of Jesus, Holy Cross, St. Nicholas, and St. Ignatius) Faith Formation Activities, ~~October 2024-May 2025~~

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

## Household Information:

Name of Parent Completing Form: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Our family are registered parishioners of:

- Holy Childhood of Jesus  Holy Cross  
 St. Nicholas

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### Parent/Guardian

### Parent/Guardian

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Comments: \_\_\_\_\_

Comments: \_\_\_\_\_

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In the event of an emergency, if you are unable to reach us, please contact:

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

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

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

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

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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Please, circle any positions you are willing to help fill in faith formation

Catechist for Faith Formation

Substitute Catechist for Faith Formation

Children's Liturgy of the Word

Vacation Bible School

Youth Ministry

Youth Ministry Food

**I would prefer Vacation Bible School be held...**

\_\_\_ Morning

\_\_\_ Afternoon

\_\_\_ Evening

# Catholic Communities of L'Arbre Croche Faith Formation Registration Form Back

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex:  Male or  Female Grade in School: \_\_\_\_\_

Sacraments Received:  Baptism  Confirmation  Eucharist  Reconciliation

Sacraments Needed:  Baptism  Confirmation  Eucharist  Reconciliation

Health Problems or Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Miscellaneous Info: \_\_\_\_\_

If the child is not living with birth parents and there is any information you would like the Faith Development Office to be aware of; please, comment: \_\_\_\_\_

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Allergies: \_\_\_\_\_

Miscellaneous Info: \_\_\_\_\_

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