

Catholic Communities of L'Arbre Croche Faith Formation Registration Form

Catholic Communities of L'Arbre Croche Faith Formation Activities, June 1, 2020-May 31, 2021

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: _____

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: _____

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

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (____) ____ - _____ Phone: (____) ____ - _____

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

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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