

SAINT AUGUSTINE-MOST SACRED HEART OF JESUS
CHILDRENS FAITH FORMATION
Registration Form

➤ PARTICIPANT'S NAME _____ BIRTH _____

➤ SCHOOL _____ GRADE _____

➤ HOME ADDRESS _____

➤ CITY/STATE/ZIP _____

➤ MOTHER'S NAME _____ CATHOLIC: Y N
MOTHER'S ADDRESS *(if different)* _____
PHONE _____ CELL _____ E-MAIL _____
DO YOU TEXT: Y N

➤ FATHER'S NAME _____ CATHOLIC: Y N
FATHER'S ADDRESS *(if different)* _____
PHONE _____ CELL _____ E-MAIL _____
DO YOU TEXT: Y N

➤ EMERGENCY CONTACT _____ Relationship _____

➤ PHONE (During Class Time) _____

➤ How many years has your child participated in programs of religious education?
Sacred Heart _____ St. Augustine _____ Elsewhere _____

Please mark which sacraments your child has celebrated:

1. Baptism _____
(Church) (City) (Mo/Day/Yr)

2. Eucharist _____
(Church) (City) (Mo/Day/Yr)

3. Reconciliation _____
(Church) (City) (Mo/Day/Yr)

4. Confirmation _____
(Church) (City) (Mo/Day/Yr)

Please check which Mass your family usually attends: 4:00 5:45 8:30 11:00

Other Family Members in CFF? Please List:

Name _____ Grade _____ Name _____ Grade _____
Name _____ Grade _____ Name _____ Grade _____

Would you be willing to volunteer in this process? If so please check below:

As a substitute catechist when necessary: Mother Father
 As a catechist helper on a regular basis: Mother Father

Payment Option: _____