## CATHOLIC COMMUNITIES OF ST. PETER & ST. MARY 2016-2017 FAITH FORMATION REGISTRATION FORM

Date:					
Student Name:					
otauciit ivaiiic	first	middle		last	
Birthdate:	Place of birth:				Grade:
		city		state	
Baptized at:				Dat	ze:
	church name	city	stat	e	
First Communio	n/Reconciliation at: _	1 1	•,		_ Date:
	C	church name	city	state	
Student address	street or PO Box	cit	y	et:	ate zip
					-
Parent e-mail:	Home phone number:				
Student e-mail:	Student cell:				
Father's Name: _			cell:		
Mother's Name:			cell	:	
Student lives wit	h: circle one Father	Mother	Both		
Father's Religiou	s Affiliation:				
Mother's Religion	us Affiliation:				
Family is registe	red at: circle one St.	Peter's, St. I	Mary's, Other	r:	
Emergency Cont	act:				
5 3	act:	rel	ationship	ph	none
Any allergies or	special needs:				
	e that the Diocese of o s be Safe Environmen				
	is photographed dur e published in the ON				
Parent Signature	<b>.</b>				