Holy Family Catholic Church
Faith Formation Office Registration Form

Child Information

Child's Full Name: _____

Date of Birth: _____

Age: _____

Name of School: _____

Grade (2026–2027): _____

Contact Information

Parent/Guardian Name(s): _____

_____

Phone # (Mother): _____ Phone # (Father): _____

Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Sacramental Information

Baptism ☐ Yes ☐ No

If yes, Parish: _____

Date: _____

First Holy Communion ☐ Yes ☐ No

If yes, Parish: _____

Date: _____

Confirmation ☐ Yes ☐ No

If yes, Parish: _____

Date: _____

Please provide copies of sacramental certificates:

☐ Birth Certificate

☐ Baptism Certificate

☐ First Holy Communion Certificate (if applicable)

☐ Confirmation Certificate (if applicable)

Medical Information

Any allergies or medical conditions that should be noted: _____

In case of emergency

Person to be contacted: _____

Relationship to Child**:** _____

Phone Number: _____

Parent Signature: _____ Date: _____