

REGISTRATION 2021 – 2022

The following child will be enrolling for Faith Formation

Last Name: _____ **First Name:** _____

School Grade for the 2021-2022 School Year: _____ **Rel. Ed Grade:** _____

Family Email: _____ **Family Phone#:** _____

Please Circle Class Choice:

| | | | | | |
|----------------------|--|---------------|--|-----------------|-------------------|
| Class Choice: | Sunday | Monday | Tuesday | Thursday | Nazareth |
| | 8:45am-9:45am | 5pm-6:15pm | 5pm-6:15pm | 8am-9:15am | Family Homeschool |
| | Summer 1 | | Summer 2 | | |
| | June 21 st -June 25 th | | June 21-July 2 nd | | |
| | August 16 th -August 20 th | | August 16 th -August 27 th | | |

Fathers Name (First) _____ (Last) _____ Cell. Phone # _____

Mothers Name (First) _____ (Last) _____ Cell. Phone # _____

Students Address: _____

City _____ Zip _____

Emergency Contact Phone Number: _____ (Other than above)

Name: _____ Relationship to Child: _____

Please fill out reverse side

Are there medical or learning considerations that the office should be aware of to better catechize your child. Please be as specific as possible.

Office Use Only

Payment Received:

Cash/Check _____ Received by: _____ Date: _____

Credit Card _____ Amount Received: _____ Stay Connected Activities _____

Name on Credit Card: _____ Phone# _____

Address: _____

CC#: _____ Exp: _____ CVC: _____

Amount to be charged: _____ Email: _____