



## EQUIP Family Faith Formation 2024-2025 Registration Form

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Guardian name (if different): \_\_\_\_\_

Guardian number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Child	Birth date	Sex	School	Grade
_____	_____	M/F	_____	_____

**Sacraments:** Baptism Yes \_\_\_ No \_\_\_ Catholic? \_\_\_ Place of Baptism \_\_\_\_\_

Holy Communion Reconciliation Confirmation

Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

**Allergies:** \_\_\_\_\_

**Special Needs (medical, learning or physical):** \_\_\_\_\_

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**\*\* Space on the back for registration of additional children**

**Child**                                      **Birth date**   **Sex**                                      **School**                                      **Grade**  
\_\_\_\_\_                                      \_\_\_\_\_                                      M/F                                      \_\_\_\_\_                                      \_\_\_\_\_

**Sacraments:**                      Baptism Yes \_\_\_ No \_\_\_ *Catholic?* \_\_\_ Place of Baptism \_\_\_\_\_  
Holy Communion                      Reconciliation                                      Confirmation  
Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_                                      Yes \_\_\_ No \_\_\_

**Allergies:** \_\_\_\_\_

**Special Needs (medical, learning or physical):** \_\_\_\_\_

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**Child**                                      **Birth date**   **Sex**                                      **School**                                      **Grade**  
\_\_\_\_\_                                      \_\_\_\_\_                                      M/F                                      \_\_\_\_\_                                      \_\_\_\_\_

**Sacraments:**                      Baptism Yes \_\_\_ No \_\_\_ *Catholic?* \_\_\_ Place of Baptism \_\_\_\_\_  
Holy Communion                      Reconciliation                                      Confirmation  
Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_                                      Yes \_\_\_ No \_\_\_

**Allergies:** \_\_\_\_\_

**Special Needs (medical, learning or physical):** \_\_\_\_\_

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**\*\*NOTE: Please include a copy of baptismal certificate for new students\*\***

**FEES**

One child: \$70                                      Two children: \$90                                      Three or more children: \$100

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**Staff Use Only**

Amount owed: \_\_\_\_\_                                       Baptismal Certificate  
Amount collected: \_\_\_\_\_ Check/Cash                                      Check # \_\_\_\_\_