EQUIP Family Faith Formation

2026-2027 Registration Form

Family Last Name:_____

Address:_____

Father's Name: _____ Father's Email_____

Father's Cell Phone: _____Father's Religion: _____

Mother's Name: _____Mother's Email_____

Mother's Cell Phone: _____Mother's Religion:_____

Mother's Maiden Name:_____ Guardian name (if different): _____

Guardian Number and Email (if different):_____

Emergency Contact Name:_____ Relationship: _____

Emergency Contact Phone:_____

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

Sacraments: Baptism Yes____ No_____ C*atholic?*_____ Place of Baptism_____

Holy Communion Reconciliation Confirmation

Yes _____ No _____ Yes _____ No_____ Yes_____ No_____

Allergies: _____

Special Needs (medical, learning or physical):_____

_____

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

Sacraments: Baptism Yes____ No_____ C*atholic?*_____ Place of Baptism_____

Holy Communion Reconciliation Confirmation

Yes _____ No _____ Yes _____ No_____ Yes_____ No_____

Allergies: _____

Special Needs (medical, learning or physical):_____

_____

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

Child name **Birth date** **Sex** **School** **Grade**

_____ _____ M/F _____ _____

Sacraments: Baptism Yes____ No_____ C*atholic?*_____ Place of Baptism_____

Holy Communion Reconciliation Confirmation

Yes _____ No _____ Yes _____ No_____ Yes_____ No_____

Allergies: _____

Special Needs (medical, learning or physical):_____

_____

Child name **Birth date** **Sex** **School** **Grade**

_____ _____ M/F _____ _____

Sacraments: Baptism Yes____ No_____ C*atholic?*_____ Place of Baptism_____

Holy Communion Reconciliation Confirmation

Yes _____ No _____ Yes _____ No_____ Yes_____ No_____

Allergies: _____

Special Needs (medical, learning or physical):_____

_____

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

FEES

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

** If you are experiencing financial difficulties, please contact Eddie Valenzuela (familyformation@sacredheart-fremont.org or 419-332-7339). We do not want this to prevent any child from participation.

Staff Use Only

Amount owed:_____ ☐ Baptismal Certificate

Amount collected:_____ Check/Cash Check #_____