



EQUIP Family Faith Formation 2025-2026 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: _____

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): _____

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

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

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): _____

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

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): _____

****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.
 We do not want this to prevent any child from participation.

Staff Use Only

Amount owed: _____ Baptismal Certificate
 Amount collected: _____ Check/Cash Check # _____