



# Family Faith Formation Registration Form

## Registration 2023-2024

550 Smith Road, Fremont, OH 43420

Family Last Name: _____	Date: _____
Address: _____ _____	Mother's Work Phone: _____
	Mother's Cell Phone: _____
Father's Name: _____	Father's Work Phone: _____
Father's Email: _____	Father's Cell Phone: _____
Mother's Name: _____	Father's Religion: _____
Mother's Email: _____	Mother's Religion: _____
Mother's Maiden Name: _____	Guardian name (if different): _____
Emergency Contact Name: _____	Guardian number: _____
Emergency Contact Phone: _____	

**\*More spaces for children's information on the back**

Child	Birth date	Sex	School	Grade
_____	_____	_____	_____	_____

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

Holy Communion	Reconciliation	Confirmation
Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

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

**Child                      Birth date   Sex   School    Grade**

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

Holy Communion

Reconciliation

Confirmation

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

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

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

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

**Child                      Birth date   Sex   School    Grade**

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

Holy Communion

Reconciliation

Confirmation

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

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

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

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

**Child                      Birth date   Sex   School    Grade**

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

Holy Communion

Reconciliation

Confirmation

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

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

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

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

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

**FEES**

One child: \$70

Two children: \$90

Three or more children: \$100

**Staff Use Only**

Amount owed:\_\_\_\_\_

Baptismal Certificate

Amount collected:\_\_\_\_\_ Check/Cash

Emergency forms

Check #\_\_\_\_\_