

SAINT BENEDICT PARISH  
FAITH FORMATION REGISTRATION  
2009-2010 SCHOOL YEAR

**Parent/Guardian Information (Please fill out completely)**

Today's Date \_\_\_\_\_

**Name of Adult with whom children reside**

\_\_\_\_\_

**Other Adult:** \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Student Information (Please fill out completely)**

**1<sup>st</sup> Student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_

Sacraments already received: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation: \_\_\_\_\_

Allergies/Health Considerations: \_\_\_\_\_

**2<sup>nd</sup> Student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_

Sacraments already received: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation: \_\_\_\_\_

Allergies/Health Considerations: \_\_\_\_\_

**3<sup>rd</sup> Student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade 2009-10: \_\_\_\_\_

Sacraments already received: Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation: \_\_\_\_\_

Allergies/Health Considerations: \_\_\_\_\_

**Initial here: \_\_\_\_\_ if the above information may be provided to your students R.E. teachers.**