

Children's Faith Formation Registration 2016-2017

Parents/Guardians: _____

Email: _____

Cell phone #1: _____

Cell phone #2: _____

Mailing Address: _____

Emergency Contact Name/Cell: _____

Child Name: _____ M/F Grade: _____

Known food allergies: _____ School: _____

Child Name: _____ M/F Grade: _____

Known food allergies: _____ School: _____

Child Name: _____ M/F Grade: _____

Known food allergies: _____ School: _____

Child Name: _____ M/F Grade: _____

Known food allergies: _____ School: _____

Classes begin Wednesday, September 7, 2016.

Cost per child: DONATION. Suggested amount \$75 for materials, etc. per child. Thank you!

I, _____ (legal guardian), hereby allow my child/children to participate in the Our Lady of Joy Faith Formation Program which will take place at Our Lady of Joy Catholic Parish, September, 2016—May, 2017.

Signature: _____ Date: _____

For office use

Received: Baptism: _____ Confession: _____ Confirmation: _____ 1st Communion: _____