Family Env	velope #	
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## Espirito Santo Parish - Faith Formation Program Registration (2023-2024) New / Returning Student (Circle One)

Student's Name:	Age:
	Grade in school:
Street Address :	
City:	
Home Phone #:	•
Email Address:	
Church of Baptism:	
Date of Baptism:	
(A baptismal certificate is needed if not ba	
Father's Name:	
Mother's Name:	
Mother's Maiden Name:	
Are parents married? Yes No If "No", please	
divorced separated nev	er married remarried Widow/er
Name of person responsible for bringing child to we	ekly Mass:
Transferring students only: Name of parish studer	
Name of child(ren) in CCD program D	ate of Birth Grade completed last year in CCD
Registration fee is $$40.00$ for one child, for families was more children the fee is $$25.00$ per child.	with 2 children the fee is \$70 and families with 3 or
Number of children in Faith Fo	rmation:
Total Fee for all Children	n:
Total Amount enclosed <i>(for of</i>	fice use only):

## **Emergency Contact Form**

Please keep the Faith Formation office and your child's catechist aware of any special needs your child

	hings such as allergies, medical conditions on the condition of the condition on the condition of the condit	ncerns below and please keep us
In case of eme	rgency, please list the individuals that	should be contacted:
Name:	Phone:	Relation: