

Family Envelope # _____

Espirito Santo Parish - Faith Formation Program Registration (2026-2027)
New / Returning Student (Circle One)

Grade for 2026/2027: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Student's Name: _____ Age: _____

Date of Birth: (MM/DD/YY) _____ Grade in school: _____

Street Address : _____

City: _____ Zip Code: _____

Home Phone #: _____

Email Address: _____

Church of Baptism: _____ City of Baptism: _____

Date of Baptism: _____

(A baptismal certificate is needed if not baptized at Espirito Santo)

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Mother's Maiden Name: _____

Are parents married? Yes No If "No", please check one:

____ divorced ____ separated ____ never married ____ remarried ____ Widow/er

Name of person responsible for bringing child to weekly Mass: _____

Transferring students only: Name of parish student was attending CCD _____

Name of child(ren) in CCD program	Date of Birth	Grade completed last year in CCD
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration fee is \$40.00 for one child, for families with 2 children the fee is \$70 and families with 3 or more children the fee is \$25.00 per child .

Number of children in Faith Formation: _____

Total Fee for all Children: _____

Total Amount enclosed **(for office use only):** _____

Emergency Contact Form

Please keep the Faith Formation office and your child's catechist aware of any special needs your child may have. This may include things such as allergies, medical conditions, educational plans (or other things that may cause concern). Specify your child's name and any concerns below and please keep us informed of any changes throughout the year.

In case of emergency, please list the individuals that should be contacted:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____