St. John the Baptist & St. Mary of the Lake Faith Formation Registration Form 2011-2012

Family Last Name _____

Are You a Registered Parish Member? _____YES Member #_____
_____NO_____
(current Parish of Membership)

Family Contact Info:

Mother	Father
Address	Address (Please Complete this side ONLY if Different)
City ZIP	City ZIP
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
E-mail	E-mail
☐ Please send mailings to this address	☐ Please send mailings to this address

Parents are: ___ Married ___ Divorced ___ Separated ___ Other

				Sacraments Received				SPECIAL CONCERNS / NEEDS:
Grade	Child's Name	Boy or Girl	Birthdate (MM/DD/YY)	Bap	Rec	Euc	Con	Please let us know of any physical limitations, allergies, and family circumstances: (recent separation, divorce, and death or family illness). This will be kept strictly confidential.

In case of an emergency, parents will be contacted first! If parents are unavailable please list and emergency contact below.

Name _____ Relationship _____
Phone Number (Home) _____
(Cell)_____

For Office Use Only:

_____ Admin. Asst.

_____ F.F. Coor.

_____ Y.M. Coor.