

Saint Charles Borromeo Catholic Church
FAITH FORMATION REGISTRATION FORM 2018-19
Kindergarten thru 8th grade.

DATE: _____

STUDENT'S BIRTH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____

EMAIL ADDRESS: _____
(Email address is needed for classes and home assignments for student & parent)

HOME PHONE: _____ CELL PHONE: _____

FATHERS NAME: _____

MOTHERS NAME: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT OTHER THAN PARENTS: _____

DATE OF BAPTISM: _____ WHERE: _____

DATE OF FIRST EUCHARIST: _____ WHERE: _____

DATE OF CONFIRMATION: _____ WHERE: _____

There is a registration fee of \$40.00. This allows access to Faith & Life on line for each student. Please return this form to *Deacon Jim Boland or Bonnie Boland*

PLEASE RETURN THIS FORM BY AUGUST 31, 2018