

CATHOLIC COMMUNITY OF SOUTH BALTIMORE
REGISTRATION FORM: CATHOLIC FAITH FORMATION, 2016-2017 SCHOOL YEAR

PLEASE PRINT

FAMILY NAME: _____

ADDRESS: _____

(Street Address) (City and Zip Code)

PHONE NUMBERS:

(H): _____ (W): _____ (C): _____

EMAIL ADDRESSES: _____

EMERGENCY CONTACT:

(Name) (Relationship) (Phone Number)

Father's Name (Last, First, Middle) Religion

Mother's Name (Last, First, Middle) Religion

SACRAMENTAL INFORMATION

In order to receive First Communion and First Reconciliation in the Second Grade or Confirmation in the Eighth or Ninth Grade a child needs to be enrolled in Religion Education in the year prior to the celebration of the sacrament. The child must have completed one full year in a religious education program prior to the preparation.

TUITION INFORMATION

The tuition for the program is \$75.00 per child. Please make checks payable to Catholic Community of South Baltimore.

If paying this tuition would place a significant burden on the family, please contact Father Patrick Carrion.

Please Submit by August 31, 2016

Student Name: _____ Circle one: Male Female

Date of Birth: _____ School _____ Grade _____

Circle Sacraments Received: Baptism Reconciliation 1st Eucharist Confirmation

Church of Baptism: _____
(Name of Church) (City and State)

Any allergies or medication: _____

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Student Name: _____ Circle one: Male Female

Date of Birth: _____ School _____ Grade _____

Circle Sacraments Received: Baptism Reconciliation 1st Eucharist Confirmation

Church of Baptism: _____
(Name of Church) (City and State)

Any allergies or medication: _____

Student Name: _____ Circle one: Male Female

Date of Birth: _____ School _____ Grade _____

Circle Sacraments Received: Baptism Reconciliation 1st Eucharist Confirmation

Church of Baptism: _____
(Name of Church) (City and State)

Any allergies or medication: _____

Student Name: _____ Circle one: Male Female

Date of Birth: _____ School _____ Grade _____

Circle Sacraments Received: Baptism Reconciliation 1st Eucharist Confirmation

Church of Baptism: _____
(Name of Church) (City and State)

Any allergies or medication: _____

Student Name: _____ Circle one: Male Female

Date of Birth: _____ School _____ Grade _____

Circle Sacraments Received: Baptism Reconciliation 1st Eucharist Confirmation

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(Name of Church) (City and State)

Any allergies or medication: _____