

**St. Dominic's
Children's Faith Formation Registration**

Last Name Child(ren) _____

Father _____ Mother _____

Religion _____ Religion _____

Home # _____ Home # _____

Cell # _____ Cell # _____

Marital Status: M S D RM Sep. Mother's Maiden _____

Registered with St. Dominic's Y / N Envelope # _____

Guardian's name and address if different from above: _____

Home Address: _____

E-Mail: _____

PARENTAL CONSENT

LIST THREE (3) ADULTS WITH **DIFFERENT** NUMBERS, WHO YOU AUTHORIZE TO PICK UP YOUR CHILDREN IN CASE OF EMERGENCY, IF YOU ARE NOT AVAILABLE.

Name: _____

Phone #: _____

Relation: _____

Name: _____

Phone #: _____

Relation: _____

Name: _____

Phone #: _____

Relation: _____

Please note if any of your children are allergic to, or need, any special medication:

Name of Child: _____

Signature of Parent or Guardian

Date

STUDENT INFORMATION

1. Name _____ Grade in Sept 2019 _____
 First _____
 _____ Date of birth _____ Place of birth _____
 Last _____

Baptism: Name of church and address: _____

2. Name _____ Grade in Sept 2019 _____
 First _____
 _____ Date of birth _____ Place of birth _____
 Last _____

Baptism: Name of church and address: _____

3. Name _____ Grade in Sept 2019 _____
 First _____
 _____ Date of birth _____ Place of birth _____
 Last _____

Baptism: Name of church and address: _____

☒ For office use only ☒ For office use only ☒ For office use only ☒ For office use only ☒

Name: _____ Was released to: _____

Date: _____ Time: _____ School official: _____

Location to which child was taken: _____

XX

Fees:	\$80 1S	Total: _____	Date: _____	ck# _____	r# _____	bal. _____
	\$90 2S			ck# _____	r# _____	bal. _____
	\$50 Rtn			ck# _____	r# _____	bal. _____