

Holy Childhood Faith Formation Student Registration Form

Student Registration: _____

Family ID #:	Today's Date: ____/____/____		
Family Name:	Head of Household:	Spouse:	
	Last Name: _____	Last Name: _____	
	First Name: _____	First Name: _____	
	Title: _____	Title: _____	
	Suffix: _____		
Family Info:	Registered: ____/____/____	Family Status: _____	
	Street Address Line 1: _____		
	Street Address Line 2: _____		
	Street City/State: _____		Street Zip: _____
	Geo. Area Number: _____		
	Phone Number	Description	Unlisted?
	_____	Home/Office/Cell/Other	Yes/No
	_____	Home/Office/Cell/Other	Yes/No
Email: _____	Send Email when possible? _____		
Parish: _____			
Mailing Addr.: (if different than street):	Mailing Address Line 1: _____		
	Mailing Address Line 2: _____		
	Mailing City/State: _____		Mailing Zip: _____
Student Name:	Last Name: _____		
	First Name: _____		
	Nickname: _____		
	Title: _____		
	Suffix: _____		
Classes:	Class: _____	Room: _____	Times: _____
		Days: _____	
	Class: _____	Room: _____	Times: _____
		Days: _____	
Personal:	Relationship: _____	Type: _____	
	Grade/Degree: _____	Gender: _____	
	Language: _____	Birthdate: _____	
	Ethnicity: _____		
	Religion: _____		
	Occupation: _____		
	School: _____		
	Location: _____		
Phone/Email:	Phone: _____	Type: Home/Office/Cell/Other:	Unlisted? _____
	Phone: _____	Type: Home/Office/Cell/Other:	Unlisted? _____
	Email: _____	Type: Home/Office/Other:	Prefer Email? _____

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Sacraments:	Birthplace: _____ _____ _____		Birth Father: _____ Birth Mother: _____ Mother's Maiden Name: _____	
	Baptism:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____		
	Confirm:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____		
	First Comm	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____		
	Marriage:	Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____		
Emergency Contact/ Birth Parent Information:	Name: _____ Relationship: _____ Address: _____ City/State: _____ Prefer Email? _____ Email: _____ Marital Status: _____ Religion: _____ Phones: _____	Send Courtesy Copies? _____ Zip: _____ Notes: _____	Type: Home/Office/Cell/Other: _____ Unlisted? _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____	