

ST. FRANCES X. CABRINI CHURCH  
FAITH FORMATION  
REGISTRATION FORM  
2010-2011

FAMILY REGISTERED IN THE PARISH? \_\_\_\_\_

\*STUDENT'S NAME (SEPARATE FORM FOR EACH CHILD) \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS/GUARDIANS: **MOTHER'S MAIDEN NAME** \_\_\_\_\_

FATHER \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET ADDRESS) (CITY) (ZIP)

TELEPHONE NUMBERS:

MOTHER: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ # \_\_\_\_\_

**\*\*\*\*\*NEEDED ON FILE IN THE FAITH FORMATION OFFICE  
COPIES OF:**

\*\*BAPTISMAL CERTIFICATE: DATE, CHURCH AND ADDRESS,

\*\*\* FIRST RECONCILIATION CERTIFICATE: DATE, CHURCH AND ADDRESS

\*\*\*\* FIRST COMMUNION CERTIFICATE: DATE, CHURCH AND ADDRESS,

\*\*\*\*\* CONFIRMATION CERTIFICATE: DATE, CHURCH AND ADDRESS, SPONSORS

CHILDREN WILL BE DISMISSED ONLY TO THE PARENTS UNLESS THE STAFF IS NOTIFIED  
AHEAD OF TIME IN WRITING.

**\*\*\*\*\* Child's Special Concerns, needs, accommodations,  
allergies, medications:**

**None** \_\_\_\_\_ **Yes** \_\_\_\_\_ **If yes,**  
**DESCRIBE** \_\_\_\_\_

\*\*\*I HEREBY GIVE MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED FOR THE  
PURPOSE OF CREATING A VISUAL RECORD OF THIS YEAR'S FAITH FORMATION  
ACTIVITIES. \_\_\_\_\_

\*\*\*\* I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SAFE ENVIRONMENT  
TRAINING. YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IN LIEU OF A REGISTRATION FEE, FAITH FORMATION STUDENTS ARE ASKED TO  
WEEKLY BRING IN ONE OF THESE FOOD ITEMS FOR SISTER NORA AND HER OUTREACH  
PROGRAM. THE ITEMS SHE REQUESTS ARE: RICE, DRIED BEANS, FLOUR AND OIL.