

Assumption B.V.M. Faith Formation Family Registration

Office Use Only	
Date Received _____	Medical Info Provided _____
Paid _____	Check # _____

Family Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____

Email Address: _____

In case of emergency call: Name: _____

Phone: _____

Relationship to child: _____

Father's Name: _____

Work Phone: _____

Cell Phone: _____

Mother's Name: _____

Work Phone: _____

Cell Phone: _____

Mother's Maiden Name: _____

Child's Name / Email <small>Include last name if different</small>	Date of Birth	Baptism Date	First Eucharist Date	Confirmation Date	Completed Reconciliation Workshop	School Attending	Grade	Session/Time <small>MS/HS 6:30, Elem 8:20 or 10:45</small>

Emergency Information - List allergies or other medical information:

If your child has a serious medical condition or may need immediate attention, please provide a specific "plan" the catechist or office staff may implement.

Parent's Signature _____