



**2011-2012 FAITH FORMATION K THRU GRADE 5 & EDGE REGISTRATION
BLESSED POPE JOHN XXIII**



****Families attending Faith Formation must be registered members of the parish.**

****If this is your first year in the program, please include a copy of your child's baptismal form.**

Please choose your session time preference: PK 4 only offered at early session. EDGE only Offered at 6:00

Wednesdays _____ 4:15-5:30 _____ 6:00-7:15

Father/Guardian _____ Phone: _____

Mother/Guardian _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

If unable to reach you - Emergency Contact: _____ Phone: _____

Child 1: Last _____ First _____ Middle _____ Birth Date _____

Grade 2011-2012 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Child 2: Last _____ First _____ Middle _____ Birth Date _____

Grade 2011-2012 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Child 3: Last _____ First _____ Middle _____ Birth Date _____

Grade 2011-2012 _____ School _____ Religious Ed. Attended LY _____

Does your child have any medical conditions, allergies to food, or learning disabilities that we need to be aware of? Please explain: _____

Baptism : _____ Where _____

Reconciliation Yes /No _____ First Communion: Yes /No _____ Confirmation Yes/No _____

Please complete other side

