

Family Last Name	St. Cornelius Office of Faith Formation Family Registration Form	Family e-mail address
	<i>"Let the children come to me, and do not prevent them; for the kingdom of heaven belongs to such as these." Mark 19:14.</i>	Cell phone
		Alternate Cell Phone

Mother's name <i>(as it appears on child's Baptismal certificate)</i> (First, Last, Maiden) ☛	Religion	Work Phone Number
Address ☛	Street	City
	Zip	Home Phone Number
Father's name <i>(as it appears on child's Baptismal certificate)</i> (First Last, MI) ☛	Religion	Work Phone Number
Father's Address <i>(if different from above address)</i>		Home Phone Number

Please note if child is living with someone other than parent(s)
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Name of Emergency Contact (other than parent(s)) ☛	address	Phone Number
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Child's name (First, Middle, Last) <i>as it appears (or will appear) on Baptismal certificate</i>	Date of Birth	School Currently Attending
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Date of Baptism ☛	Church of Baptism	Address of Church
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Date of First Communion (if applicable)	Church of First Communion	Address of Church
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Does the child have any special conditions, food allergies, drug interactions or circumstance of which we should be aware? Yes ___ No ___

If Yes, please explain:

FOR OFFICE USE ONLY

Grade/Level	Year Registered	Payment	Family needs/Comments/Special Instructions	
pre 3				
pre 4				
TK				
K				
1			older: yes no (circle one)	
2				
3			SP 1	SP 2
4				
5				
6				
7				
8				