



Faith First New Registration 2010-2011

PLEASE PRINT CLEARLY

<input type="text"/>		<input type="text"/>		<input type="checkbox"/> M	<input type="checkbox"/> F
Last Name		First Name		Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
DOB: (ex. Oct 31/ 01)	Date of Baptism	Parish of Baptism		School	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Father's Name		Mother's Name (Maiden, First)		Grade Level in Sep 2010	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Apt #	City	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code & Home Phone	Mother Work Phone + ext.	Mother Cell Phone	Father Work Phone + ext.	Father Cell Phone	
<input type="text"/>		Baptismal Certificate: Copy enclosed if other than St. John Fisher Parish			<input type="checkbox"/>
E-mail Address					

Has your child received the Sacrament of Reconciliation?	<input type="text"/>	Please supply documentation to confirm completed levels and sacraments.
	Parish and Year	
Has your child received First Communion?	<input type="text"/>	
	Parish and Year	
Has your child done any Faith First Levels before?	<input type="text"/>	Levels? <input type="text"/>
	Parish and Year	

I would like to place my child in a study group in the Church Hall. I understand that if there is no room or my child is unavailable during the offered time, I will teach my child myself at home.	<input type="checkbox"/>
I will teach my child myself at home.	<input type="checkbox"/>
I am interested in teaching a group in the Church Hall. I have read the information supplied with this form and would like more details. Please contact me.	<input type="checkbox"/>

I have read the information in the package and the other side of this form. Please register my child for 2010-2011

Parent or Guardian signature _____ Date _____ **Please read the Registration Policies before signing**

Office Only:	chq 1#:	date:	amt:	late fee:
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	chq 2#:	date:	amt:	NSF
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Bapt. Cert.
				<input type="text"/>