

Resurrection of Our Lord Church
Faith Formation Program Registration Form

Family Info:	Head of Household:	Spouse:
Where Child Resides	Last Name: _____	Last Name: _____
	First Name: _____	First Name: _____
	Title: _____	Title: _____
	Religion: _____	Religion: _____
	<i>If you are not Catholic, would you like information on how you can become Catholic? Yes/No</i>	
	<i>If you are a Catholic who has not completed his or her own initiation into the Church, would you like information on how to complete your Catholic initiation? Yes/No</i>	
	Martial Status: Married/Single Parent/Divorced/Separated/Remarried	
	<i>If married, was marriage performed in the Catholic Church? Yes/No</i>	
	<i>If marriage was outside of the Catholic Church, would you like information on how to validate your marriage in the Church? Yes/No</i>	
	<i>Is your family registered in the parish? Yes/No/Unsure</i>	

Family Contact Information	Mailing Address Line 1: _____
	Mailing Address Line 2: _____
	City/State: _____ Zip: _____
	Phone Numbers Home: _____
	Father Work: _____
	Mother Work: _____
	Cell Phone: _____
	Email: _____
	Check here if you would like to receive program communiqués via email _____

Emergency Contact	Name: _____
	Relationship to Child: _____
	Address: _____

	City/State: _____ Zip: _____
	Phone: _____ Home/Office/Cell/Other _____
	Alt Phone: _____ Home/Office/Cell/Other _____

Official Use:	FAMILY NAME: _____ Student Name: _____
Date of Registration: _____	Baptismal Certificate On file: Yes/No
Tuition Due: _____	Follow Up: Yes/No
Tuition Paid: _____	New Family: Yes/No
Method of Payment: _____	Grade Assignment: _____ Room: _____
Check No.: _____	Sacramental Preparation: Yes/No

Student Information	Last Name: _____ Birth Date: _____ First Name: _____ Place of Birth: _____ Middle: _____ Nickname: _____ School: _____ Ethnicity: _____ Last Grade Complete: _____ Has the child received prior religious instruction? Yes/No If YES, When: _____ Where: _____
Sacraments NEW Registration MUST submit a copy of the child's Baptismal certificate!	Birth Father: _____ Birth Mother: _____ Mother's Maiden Name: _____ Baptism: Date: _____ Performed by: _____ Church Name: _____ Church Address: _____ City & State: _____ Penance: Date: _____ Performed by: _____ Church Name: _____ Church Address: _____ City & State: _____ Eucharist: Date: _____ Performed by: _____ Church Name: _____ Church Address: _____ City & State: _____ Confirmed: Date: _____ Performed by: _____ Church Name: _____ Church Address: _____ City & State: _____
Medical History	Please note any allergies, physical disabilities, or other information pertinent to the child's health and well-being? _____ _____ _____ Please list any medications (prescription, inhalers, etc.) that your child takes on a regular basis: _____ _____