EASTERN RURAL ROMAN CATHOLIC COMMUNITY FAITH FORMATION REGISTRATION

PLEASE PRINT NEATLEY

Family Last Name: ________________________________

Registered Parish Community:________________________________

Address: ____

____

Parent(s)/Guardian(s) Names: ____

Phone Number(s): ____

____

E-Mail Address for Faith Formation e-mails: ____

- -

Student 1 First Name (Last Name if Different):____

Student 1 Age: ________ **Student 1 Grade for 2021-2022 School Year:**____________________

Student 1 Date of Birth: ____/______/_20___________

Student 1 School:___________________________________

Student 1 Sacrament to be received *(if applicable)*:

First Reconciliation **First Communion** **Confirmation**

Food Allergies: ____

____

____

Student 2 First Name (Last Name if Different):____

Student 2 Age: ________ **Student 2 Grade for 2021-2022 School Year:**____________________

Student 2 Date of Birth: ____/______/_20___________

Student 2 School:___________________________________

Student 2 Sacrament to be received *(if applicable)*:

First Reconciliation **First Communion** **Confirmation**

Food Allergies: ____

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EASTERN RURAL ROMAN CATHOLIC COMMUNITY FAITH FORMATION REGISTRATION

Student 3 First Name (Last Name if Different):_____

Student 3 Age: _____ Student 3 Grade for 2021-2022 School Year:_____

Student 3 Date of Birth: ____/_____/_20_____

Student 3 School:_____

Student 3 Sacrament to be received *(if applicable)*:

First Reconciliation First Communion Confirmation

Food Allergies: _____

_____

_____

Student 4 First Name (Last Name if Different):_____

Student 4 Age: _____ Student 4 Grade for 2021-2022 School Year:_____

Student 4 Date of Birth: ____/_____/_20_____

Student 4 School:_____

Student 4 Sacrament to be received *(if applicable)*:

First Reconciliation First Communion Confirmation

Food Allergies: _____

_____

_____

Student 5 First Name (Last Name if Different):_____

Student 5 Age: _____ Student 5 Grade for 2021-2022 School Year:_____

Student 5 Date of Birth: ____/_____/_20_____

Student 5 School:_____

Student 5 Sacrament to be received *(if applicable)*:

First Reconciliation First Communion Confirmation

Food Allergies: _____

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