



OFFICE OF FAITH FORMATION
ENROLLMENT FORM

Student Name: _____ Gender: M or F

First

Middle

Last

Date of Birth _____ City/State of Birth _____

Address: _____

Street

City/Town

State

Zip

Telephone#: _____ Emergency or Cell Phone #: _____

Parent E-Mail Address: _____

(Please print clearly)

Grade Fall 2020: _____

Father's Name: _____ Mother's Name: _____

(Please list first, maiden, and last)

If the child lives with one parent, which one? _____

Baptism: _____

Date

Church

City, State

First Eucharist: _____

Date

Church

City, State

Date: _____