



**SAINT GEORGE CHURCH
K-11 FAITH FORMATION REGISTRATION FORM**

Are you a registered member of Saint George Church? Yes No
If not, where are you registered? _____

***All lines must be filled in completely**

STUDENT IN FORMATION

One form per child please.

Today's Date _____

Student Full Name _____ Nickname: _____

Male _____ Female _____

Grade _____ School _____

Birth Date _____ Birth Place: City _____ State _____

Place of Baptism: Parish _____ City _____ State _____

Date of Baptism: _____

***ALL REGISTRATIONS MUST BE ACCOMPANIED BY A COPY OF THEIR BAPTISMAL CERTIFICATE**

IF YOUR CHILD WAS BAPTISED OUTSIDE OF SAINT GEORGE*

Other Sacraments Received if applicable:

First Reconciliation Received? _____ First Holy Communion Received? _____

First Reconciliation: Parish _____ City _____ State _____

First Holy Communion: Parish _____ City _____ State _____

FAMILY INFORMATION

Mother Name: _____ Father Name _____

Mother's Maiden Name _____ *If different than Mother's Address:* _____

Address _____ Address _____

Primary Phone _____ Primary Phone _____

Email _____ Email _____

GUARDIAN/GRANDPARENT INFORMATION

Name _____ Primary Phone _____

EMERGENCY CONTACT

Name _____ Phone _____

Relationship _____