

St. Ignatius Catholic Church
Christian Formation Registration Form
2009-2010
Grades 1-8th

Child's Name: _____ Primary Home Phone: _____
(First Middle and Last)

Birthdate: _____ Grade Entering in Fall: _____

Address: _____

Parents: Married Yes or No Please send any information to: _____

Mother's Name: _____ Catholic: Yes or No
(First Middle and Maiden)

Email: _____ Cell or Email Alert : No or Yes _____

Address if different from child: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Catholic: Yes or No
(First Middle and Last)

Email: _____ Cell or Email Alert : No or Yes _____

Address if different from child: _____

Home Phone: _____ Cell Phone: _____

Sacraments this child has received:

_____ Baptism, Name of Church Baptized in _____ City _____
_____ Eucharist _____ Reconciliation

_____ Tuesday Evenings 6:30 – 7:45p.m. _____ Thursday Evenings 6:30 – 7:45p.m.

Please register early for your choice of evenings. If your choice of evenings is full you may be asked to attend the other evening of classes.

Any Food Allergies: _____

Anything the Catechist should be aware of such as a Medical Condition or Learning Disability

Tuition:

Parishioners : 1 child -\$45.00 2 children-\$60.00 3 children or more-\$75.00

Non-Parishioners: 1 child-\$50.00 2 children-\$65.00 3 children or more-\$80.00

Office: Original Copy Paid: Date _____ Check # _____ Amount _____