

# St. Jane Frances de Chantal

## K-5 Faith Formation Registration 2010-2011

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
(Please print clearly this is our main form of communication)

Grade and Parish last attended Faith Formation \_\_\_\_\_  
Faith Formation Grade for 2010-11 \_\_\_\_\_  
School Grade for 2010-11 \_\_\_\_\_ School Attending for 2010-11 \_\_\_\_\_  
Please list special accommodations/Allergies for your child \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Last  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Last  
Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

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Are you a registered parishioner of St. Jane de Chantal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, where are you registered \_\_\_\_\_

Has your child been baptized? Yes \_\_\_ No \_\_\_ Full Baptism Date \_\_\_\_\_ Certificate \_\_\_\_\_  
month/day/year on file

Baptism Church \_\_\_\_\_  
city state zip country

**Baptism Certificates must accompany all registration forms or be on file with the Seton Center**  
Sacraments your child has received: First Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_

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I do \_\_\_ I do not \_\_\_ give my permission to have my child appear in any media coverage approved by the Director of Faith Formation. I understand that the Director has authority to determine what is an appropriate request.

I do \_\_\_ I do not \_\_\_ give my permission for our names, addresses and telephone numbers to appear in a Family Directory that is intended solely for the use of staff, parents and children of the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use**  
Number of Children \_\_\_\_\_ Names and Grades of Siblings \_\_\_\_\_

Tuition Fee \_\_\_\_\_ Date Submitted \_\_\_\_\_ Check \_\_\_\_\_ or Cash \_\_\_\_\_