

CATHOLIC COMMUNITY OF JEFFERSONVILLE
 SAINT AUGUSTINE-SACRED HEART
 CHILDREN'S FAITH FORMATION (CFF)
 2010-2011 REGISTRATION FORM

- PARTICIPANT'S NAME _____ BIRTH _____
- SCHOOL _____ GRADE _____
- HOME ADDRESS _____
- CITY/STATE/ZIP _____
- MOTHER'S NAME _____ CATHOLIC Y N
 MOTHER'S ADDRESS (*if different*) _____
 PHONE _____ E-MAIL _____
- FATHER'S NAME _____ CATHOLIC Y N
 FATHER'S ADDRESS (*if different*) _____
 PHONE _____ E-MAIL _____
- EMERGENCY CONTACT _____
 Relationship _____
- PHONE (DURING CLASS TIME) _____
- How many years has your child participated in programs of religious education?
 Sacred Heart _____ St. Augustine _____ Elsewhere _____

Please mark which sacraments your child has celebrated:

1. Baptism _____
 (Church) _____ (City) _____ (Mo/Day/Yr) _____
2. Eucharist _____
 (Church) _____ (City) _____ (Mo/Day/Yr) _____
3. Reconciliation _____
 (Church) _____ (City) _____ (Mo/Day/Yr) _____
4. Confirmation _____
 (Church) _____ (City) _____ (Mo/Day/Yr) _____

Please check which Mass your family usually attends: 4:00 5:45 8:30 11:00

Other Family Members in CFF? Please List:

Name _____ Grade _____ Name _____ Grade _____
 Name _____ Grade _____ Name _____ Grade _____

Would you be willing to volunteer in this process? If so please check below:

____ As a substitute catechist when necessary: Mother ____ Father ____
 ____ As a catechist helper on a regular basis: Mother ____ Father ____

Payment Option: _____