

CATHOLIC COMMUNITY OF JEFFERSONVILLE
SAINT AUGUSTINE-SACRED HEART
2011-2012 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: _____