



**ST. LAWRENCE FAITH FORMATION REGISTRATION  
2017-2018**

Office Use Only:
Am't Due \$ _____
Am't PD \$ _____
Date PD _____
CASH or Check # _____

FAMILY'S LAST NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(If different)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Have you registered at St. Lawrence Parish?    Yes    No

**STUDENTS ENROLLING IN RELIGIOUS EDUCATION CLASSES (List Oldest to Youngest)**

Child's Name First                  Last (if different)	Date of Birth	Grade & School	Sacraments		
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
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			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No
			Baptism Yes No	1 <sup>st</sup> Communion Yes No	Confirmation Yes No

**IMPORTANT:** Do any of the children named above have any medical needs, allergies, or learning difficulties? If yes, please explain.

Are there any custodial arrangements we need to be aware of?

**See page 2**

