

ST. JAMES CATHEDRAL - Children's Faith Formation (CFF) Registration Form

Class Start Date	9/18/2016	Class End Date	6/11/2016	Grade	
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YOUTH or CHILD

My Child is: ☐ Male ☐ Female

* Last Name(s)	* First Name(s)	* Full Middle Name	* Birth Date mm/dd/yy	Age	Place of Birth
* Family Address			* City, State		* ZIP
* Family e-mail address			Grade	School	

☐ **FATHER** or ☐ **GUARDIAN** (check one)

Does this person want emails and reminders?

☐ Yes

Last Name	First Name	Religion	* E-mail (if different from family email above)		
Address (if different from family address above)		City	Primary Phone	Secondary Phone	

☐ **MOTHER** or ☐ **GUARDIAN** (check one)

Does this person want emails and reminders?

☐ Yes

Last Name	First Name	Religion	* E-mail (if different from family email above)		
Address (if different from family address above)		City	Primary Phone	Secondary Phone	

Policy: By providing us with your email address, you permit us to send you updates, reminders, and calendars for this program and will not consider these emails as spam. All emails will have "St. James" in the subject line, and only the Faith Formation Staff will have access to your address.

YOUR CHILD'S SACRAMENTAL HISTORY:

BAPTISM

<input type="checkbox"/> Baptism Completed	Church	City	State	Country	Denomination
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☐ My Child has NOT been baptized; we want to know more about Baptism.

FIRST HOLY COMMUNION

<input type="checkbox"/> 1 st Holy Communion Celebrated	Church	City	State	Country
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☐ My Child has NOT celebrated First Holy Communion and is 9 or older (complete the form for RCIA/C)

☐ My Child has NOT celebrated First Holy Communion and is 8 or younger, we want to know more about First Holy Communion

CONFIRMATION

<input type="checkbox"/> Confirmation Completed	Church	City	State	Country
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☐ we want to know more about Confirmation (Confirmation candidates must be 16)

EMERGENCY CONTACTS: Please provide up to two non-parent/guardian contacts.

Name	Phone	Relationship to Child
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SPECIAL NEEDS OR CONDITIONS: List any medical conditions and allergies, special learning needs, or restricted contacts for security.

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PARTICIPATION OPPORTUNITIES:

<input type="checkbox"/> Classroom Assistant for any grade	OR for a specific grade:
<input type="checkbox"/> Welcome Team: Greet families at the door and safeguard our kids	
<input type="checkbox"/> Special Events: Help with the Christmas Party, Corpus Christi, General Assemblies, or other one-time opportunities	
<input type="checkbox"/> Help during the program while waiting	<input type="checkbox"/> Financial Assistance check for needy families: \$

CHILD'S PARISH INVOLVEMENT:

<input type="checkbox"/> Altar Server	<input type="checkbox"/> Youth Reader	<input type="checkbox"/> Youth Usher	<input type="checkbox"/> Children's Choir
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For Office Use only

Total Amount Paid	# of Children in CFF	Part Donation?	Paid Date	Check #/Cash	Parish ID	Entered By
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