

Saint Jane Frances de Chantal
 Department of Faith Formation
 Sacrament Preparation Registration Form for 2011- 2012

PLEASE PRINT

Last Name:	First Name:	Middle Initial:	(Circle One) Male Female	Date of Birth:
Street Address:		Email Address (Needed for Communication):		
City:	State:	Zip	Home Phone	Cell Phone:
Current School Grade completed:	School Attending:	Date of Birth	Place of Birth (City, State)	
Religious Education Information	Last Grade of Religious Education:	Completed at: Saint Jane Frances School: <input type="checkbox"/> Saint Jane Frances Religious Ed: <input type="checkbox"/> Other (List): _____ _____		
	Number of Years Completed:			
Sacrament Information				
Date of Baptism:	Complete Baptismal Name:	Godmother:		Godfather:
Place of Baptism:	Address:	City:	State:	ZIP:
Candidates must be registered members of Saint Jane Frances de Chantal – Is the family registered? Yes or No? Envelope # _____ A parish census card MUST be completed for those families wishing to register at this time				

**** PLEASE COMPLETE THE OTHER SIDE****

FAMILY INFORMATION

Father's Name:	Date of Birth:	Marital Status:	Religion:	Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
Father's Email Address		Work number: (include Area Code)		
Mother's Name:	Date of Birth	Marital Status:	Religion	Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
Maiden Name:				
Mother's Email Address		Work number: (include Area Code)		

Please list Biological Parents Information if different from above- For Verification of Baptismal Records and Recording of Sacrament Records Only

Father's Name:	Mother's Name	Mother's Maiden Name:
Guardian's Name:	Date of Birth	Marital Status:
		Religion
		Sacraments Received: <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
Guardian's Email Address	Work number: (include Area Code)	Occupation:

If your child has any learning or physical disability, or if there are any special circumstances that we should know about, please list below:

_____ **Parent/Guardian's Signature** _____ **Date**

Sacrament Program Fee: \$60.00 includes retreat and student books.
Payment plan: Plan A – In Full Plan B – 1/2 Now and Balance by March 1, 2012

For Office Use:		
Amount Paid:	Balance Due:	