

**ST. ALOYSIUS**  
**Faith Formation Registration: Grade K - 6**  
(For Youth Group & Confirmation use form Grade 7-12)



\_\_\_\_\_ (current year)

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Parent/Guardian Email (to be used for program communication): \_\_\_\_\_  
Registered at: \_\_\_\_\_ St. Aloysius \_\_\_\_\_ Other – name of parish \_\_\_\_\_  
Others who have permission to transport my child(ren) to/from Faith Formation: \_\_\_\_\_  
Emergency Contact #1: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Cell: \_\_\_\_\_  
My Family can support the Faith Formation program by: \_\_\_\_\_  
\_\_\_\_\_

Student's Full Baptismal Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Grade attending this Fall: \_\_\_\_\_ School: \_\_\_\_\_  
What Sacraments has this student **received**? \_\_Baptism \_\_Reconciliation \_\_First Communion \_\_Confirmation  
Notes to program teachers (allergies, health concerns, special accommodation requests): \_\_\_\_\_  
\_\_\_\_\_

**Family Registration Fee:** \$30.00 for one child, \$45.00 for two children, or \$60.00 for three or more children. Please return this completed form with payment to the parish office. Make checks payable to: St. Aloysius. Contact the office for payment or financial assistance.

**Note:** Children 7 years old or in the second grade are eligible for First Reconciliation and First Holy Communion.

**Important:** Sacramental candidates **must** provide a Baptismal Certificate **upon** registration.

Student's Full Baptismal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade attending this Fall: \_\_\_\_\_ School: \_\_\_\_\_

What Sacraments has this student **received**? \_\_Baptism \_\_Reconciliation \_\_First Communion \_\_Confirmation

Notes to program teachers (allergies, health concerns, special accommodation requests): \_\_\_\_\_

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Student's Full Baptismal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade attending this Fall: \_\_\_\_\_ School: \_\_\_\_\_

What Sacraments has this student **received**? \_\_Baptism \_\_Reconciliation \_\_First Communion \_\_Confirmation

Notes to program teachers (allergies, health concerns, special accommodation requests): \_\_\_\_\_

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Student's Full Baptismal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Grade attending this Fall: \_\_\_\_\_ School: \_\_\_\_\_

What Sacraments has this student **received**? \_\_Baptism \_\_Reconciliation \_\_First Communion \_\_Confirmation

Notes to program teachers (allergies, health concerns, special accommodation requests): \_\_\_\_\_

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**PLEASE RETURN THIS FORM TO THE PARISH OFFICE WITH PAYMENT**