

IMPORTANT
 Deadline for Registration
 September 19, 2007

**St. Vincent Ferrer
 Faith Formation
 2007-08 Registration Form**

Make Check Payable to:
St. Vincent Faith Formation
Mail To: 1087 E. Gardenia Ave.
 Madison Heights, MI 48071

Family Name _____ Home Phone _____
 Home Address _____
 City _____ Zip _____ Registered Parishioner _____ Envelope No. _____

FAMILY INFORMATION:

Father's First Name _____ Father's Religion _____
 Father's Work No. _____ Father's Cell No. _____
 Mother's First Name _____ Mother's Religion _____ Maiden Name _____
 Mother's Work No. _____ Mother's Cell No. _____
 Person and phone number to call, during class time, in case of emergency _____
 Parent's email address: _____

Child's First Name	Faith Formation Grade 2007-08	School Attending/ Grade	MONDAY	SACRAMENTS REC'D		
			Session Gr. 1-8 6:30-7:45 pm *Kdg. 7:15 pm	B A P T	E U C H	C O N F

Has your child been prepared for the Sacrament of Reconciliation Child One: Y or N Child Two: Y or N

ADDITIONAL INFORMATION IF NEEDED: (Allergies, medication, learning disabilities, etc.)

Child's Name _____ Information: _____
 Child's Name _____ Information: _____

FOR NEW STUDENTS ONLY

Child's Name _____ Birth date _____ Baptism date _____
 Baptized? Yes No Church/City/State _____
 Child's Name _____ Birth date _____ Baptism date _____
 Baptized? Yes No Church/City/State _____

Please Note: If your child is new to our program and was not baptized at St. Vincent Ferrer, please furnish a baptismal certificate

Received From _____ Baptismal Certificate
 Amount For: _____ Code of Conduct

ACCOUNT		
PAYMENT		
BALANCED		

Cash
 Check No.
 Receipt No.

Date Received: _____