

IMPORTANT
Early Registration Date
JUNE 12, 2008

**St. Vincent Ferrer
Faith Formation
2008-09 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 2008-09	School Attending/ Grade	MONDAY	SACRAMENTS REC'D		
			Session Gr. K-8 6:30-7:45 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: _____