

ST. KEVIN FAITH FORMATION — REGISTRATION

FAMILY NAME _____

Parish Envelope# _____
(Contribution Statement must be attached)

Home Telephone # _____

Will be returning _____

Will not be returning _____

Father's Name _____ **Cell #** _____

Mother's Maiden Name _____ **Cell #** _____

Street _____ **City /State** _____ **ZIP** _____

E- mail _____

Emergency Contact Name _____ **Relationship** _____ **Phone#** _____

Student's Name _____ **School Attending & Grade Level** _____

Student's Name _____ **School Attending & Grade Level** _____

Student's Name _____ **School Attending & Grade Level** _____

Student's Name _____ **School Attending & Grade Level** _____

Student's Last Name _____ **First Name** _____ **Middle Name** _____

Date of Birth _____ **Church and date of Baptism** _____

First Reconciliation date and Church _____ **First Communion date and Church** _____

Allergies, learning disability and any type of Medication that students is presently taking _____

Student's Last Name _____ **First Name** _____ **Middle Name** _____

Date of Birth _____ **Church and date of Baptism** _____

First Reconciliation date and Church _____ **First Communion date and Church** _____

Allergies, learning disability and any type of Medication that students is presently taking _____

Student's Last Name _____ **First Name** _____ **Middle Name** _____

Date of Birth _____ **Church and date of Baptism** _____

First Reconciliation date and Church _____ **First Communion date and Church** _____

Allergies, learning disability and any type of Medication that students is presently taking _____

Student's Last Name _____ **First Name** _____ **Middle Name** _____

Date of Birth _____ **Church and date of Baptism** _____

First Reconciliation date and Church _____ **First Communion date and Church** _____

Allergies, learning disability and any type of Medication that students is presently taking _____