



**ST. KEVIN RELIGIOUS EDUCATION FAITH FORMATION  
REGISTRATION FORM 2020/2021**

Family Name \_\_\_\_\_ Best Contact Phone Number \_\_\_\_\_

St. Kevin Church Registration Envelope Number \_\_\_\_\_

**Family Contact Information**

Father's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-mail \_\_\_\_\_

**Emergency Contact Information**

In the event of an emergency, I give St. Kevin RC Church and affiliates permission to contact the following person. I also consent that a member of St. Kevin RC Church and affiliates staff or catechists are able to make a medical/emergency decision in the event that the parents and the stipulated emergency contact does not answer the phone.

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Consenting Parent Printed Name \_\_\_\_\_ Consenting Parent Signature \_\_\_\_\_

**Child's Information**

1. Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Public School & Grade Level \_\_\_\_\_

Church and date of Baptism\* \_\_\_\_\_

First Reconciliation date and Church \_\_\_\_\_ First Communion date and Church \_\_\_\_\_

Allergies, learning disability and any type of medication your child is presently taking \_\_\_\_\_

2. Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Public School & Grade Level \_\_\_\_\_

Church and date of Baptism\* \_\_\_\_\_

First Reconciliation date and Church \_\_\_\_\_ First Communion date and Church \_\_\_\_\_

Allergies, learning disability and any type of medication your child is presently taking \_\_\_\_\_

3. Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Public School & Grade Level \_\_\_\_\_

Church and date of Baptism\* \_\_\_\_\_

First Reconciliation date and Church \_\_\_\_\_ First Communion date and Church \_\_\_\_\_

Allergies, learning disability and any type of medication your child is presently taking \_\_\_\_\_

**\*Baptismal Certificate with the Church Seal is needed for every child entering 1<sup>st</sup> grade or anyone new to our program regardless of grade level. We will make a copy to keep on file and return the original to you.**

**Office Use Only**

Grade \_\_\_\_\_ 2020/2021 Religion Class \_\_\_\_\_ Verification of Family Parish Registration Yes / No

Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Other \_\_\_\_\_ Balance \_\_\_\_\_ Date Paid \_\_\_\_\_ Discount \_\_\_\_\_ Initial \_\_\_\_\_