

St. Mary of the Seven Sorrows Parish
Faith Formation
†
For Ages 3 through 17

For Office Use:

Parish record: _____

Email list: _____

Participant's Name: _____ **Sex:** **Male** **Female**
(LAST, First, M.I. – include Nickname, if applicable)

Date of Birth: _____ **Age:** _____ **Grade level:** _____ **School:** _____

ADDRESS: _____
(where student resides) (Street)

(City, State, Zip Code)

HOME PHONE: _____

Sacraments Received: **Baptism** _____ **Penance** _____ **Eucharist** _____ **Confirmation** _____

List any food allergies: _____

Physical/Developmental needs (e.g., speech, reading, attention span): _____

Father's Name: _____ **Religion:** _____

Address: [If same as child's, leave blank] _____

CELL PHONE: _____ **EMAIL:** _____

Mother's Name: _____ **Religion:** _____

Address: [If same as child's, leave blank] _____

CELL PHONE: _____

EMAIL: _____

Are you registered members of St. Mary's Parish? Father _____ Mother _____