HOLY DISCIPLES PARISH FAITH FORMATION REGISTRATION NEW STUDENTS

PLEASE COMPLETE ONE FORM PER STUDENT

Student's Name			
(F	'irst)	(Middle)	(Last)
Date of Birth	M/F	Place of Birth	
Father's Name:		Mother's Name:	·
Mother's Maiden Name	::		
*Attach COPIES of Bap at St. John the Evangeli			ONLY IF sacrament NOT received .
Sacrament	Churc	h Name	City/ State
Baptism			
First Reconciliation			
First Holy Eucharist			
Allergies or Learning	Disabilities - Incl	ude any medications	child takes on a regular basis
Prior Religious Educa	ı tion - List grades o	completed and name	of parish