

2007-2008

St. Christopher Parish Faith Formation Registration Form

Part of Cluster 27 with Our Lady of the Angles and St. Raphael's

Tuition: \$25.00 for all students, grade Pre-school through grade 12

Bus for grades 1-4: \$55.00

Date: _____ Male: ___ Female: ___ Grade Sept. 2007: _____
Check #: _____ Amount: \$ _____ Cash: Amount: _____

Student Name _____
Date of birth: _____ Where born: _____
Mailing address _____
City/State _____
Name of Public/Private school this child attends: _____
Transportation to St. Christopher: _____

Parents: married ___ Divorced ___ (let us know if things are to be sent to both)
****If your child is absent (grade 1-4 only) we will call all numbers until we speak to a real person, to make sure the child is safe; keep #'s current.**

Father: Name: _____

Employment _____

Phone number: home _____
work: _____ cell: _____ email: _____

Mother: Name: _____

Employment: _____

Phone number: home _____
work: _____ cell: _____ email: _____

The following information would be helpful in enabling us to serve your child better:

Hearing problem: _____ Visual problem: _____

Any health problems we should be aware of:

Any placement concerns: place with special friend etc.:

Please, list names and birth dates and grade and name of school of each of this child's siblings:

If this child has received any of these sacraments of St. Christopher or Star of the Sea in York simply place an X on the line.

This following information is about the above child only.

Baptism: date: _____ city/state _____

Name of church: _____

Confirmation: date: _____ city/state: _____

Name of church: _____

Reconciliation: date _____ city/state _____

Name of church: _____

Eucharist: date: _____ city/state _____

Name of church: _____

This confidentiality of this information will be respected.