

DATE: \_\_\_\_\_

\$\$\$ RECEIVED: \_\_\_\_\_

Church of St. Jude the Apostle Faith Formation Registration 2022-2023 (Grades K-6)

\$45-1 Child; \$75-2 or more Children

Family Name \_\_\_\_\_ (K-4 only) Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

1. _____	_____	_____	_____	_____
Name	School	Grade in 2022/23	DOB	Age

2. _____	_____	_____	_____	_____
Name	School	Grade in 2022/23	DOB	Age

3. _____	_____	_____	_____	_____
Name	School	Grade in 2022/23	DOB	Age

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Allergies, Medical Issues or Learning Disabilities (please list each child individually):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List 1 neighbor or nearby relative who will assume temporary care of your child if you cannot be reached:

Name/Address/Phone: \_\_\_\_\_