

Faith Formation Registration

Campus: Sacred Heart Church (SH)
30 Church St., Georgetown

St. Patrick Church (SP)
169 Black Rock Tpk, Redding

STUDENT # 1 INFORMATION

Child Name: _____

Catholic? YES NO

Gender: Male Female

Sacramental Details (check and date all that apply):

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (medical, learning disabilities, physical disabilities, etc.): _____

STUDENT # 2 INFORMATION

Child Name: _____

Catholic? YES NO

Gender: Male Female

Sacramental Details (check and date all that apply):

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (medical, learning disabilities, physical disabilities, etc.): _____

STUDENT # 3 INFORMATION

Child Name: _____

Catholic? YES NO

Gender: Male Female

Sacramental Details (check and date all that apply):

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (medical, learning disabilities, physical disabilities, etc.): _____