

2017 – 2018 FAITH FORMATION PROGRAM - REGISTRATION FORM
Roman Catholic Community of Brownville & Dexter, P. O. Box 99, Brownville, NY 13615

CONTACT INFORMATION: Mr / Mrs _____ Phone: _____
 Mailing Address _____
 E-mail address _____
 Father's Name _____ Work phone (Dad): _____ Cell phone (Dad) _____
 Mother's Name _____ Work phone (Mom): _____ Cell phone (Mom) _____
 Parish you are registered with: _____ RC Community of Brownville & Dexter _____ Other _____

RETURNING STUDENTS (who *attended* our program last year)

Child's first & last name _____ School (B'ville, Dexter or High School) _____ Grade & GB Teacher _____

NEW STUDENTS (who *did not attend* our program last year)

Child's name (first & last) **Date of Birth** **School** (B'ville/Dexter or High School) **Grade & Teacher** *Date & Place of **Baptism**

_____ *Made 1st Communion? Yes / No*

_____ *Made 1st Communion? Yes / No*

_____ *Made 1st Communion? Yes / No*

*If your child was not baptized in our parish, please **send a copy of his/her baptismal certificate**.

HEALTH INFORMATION: Conditions / disabilities that we should be aware of and how we can help:

TRANSPORTATION HOME: These people have **permission to pick up my child(ren): MOM / DAD**

Other Adults Name _____ Relationship to child _____ Street Address _____ Phone _____

My child has **permission to walk home** after class. **Yes / No** (circle one)

_____ *(Parent's signature)*

_____ *(Print Name)*

REGISTRATION FEE: (If this is not within your means, please speak with Father) *(For Office use only)*

_____ X \$20.00 per child = _____ (\$50 maximum)

of children _____ Amount Due _____ per family) Amount Ck # Date

Mail this form and your check payable to "R. Catholic Comm. of Brownville & Dexter" to the address above. ☺