

2024 – 2025 FAITH FORMATION REGISTRATION FORM

RCC 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: _____ Immaculate Conception, Brownville _____ Other _____

STUDENTS

Child's name (first & last)	Date of Birth	School	Grade	*Date & Place of Baptism
_____	_____	_____	_____	Made 1 st Communion? Yes / No
_____	_____	_____	_____	Made 1 st Communion? Yes / No
_____	_____	_____	_____	Made 1 st Communion? Yes / No
_____	_____	_____	_____	Made 1 st Communion? Yes / No

((*If your child was not baptized at Immaculate Conception Church in Brownville OR at St. Andrew's in Sackets Harbor, a copy of his/her baptismal certificate will be needed to receive sacraments.))

MEDICAL INFORMATION: Please list any allergies or other medical concerns: _____

TRANSPORTATION: I give permission for the following to transport my child **from** Faith Formation classes:

Name	Phone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

((You may also send in a note at any time giving permission for someone to pick up your child from classes.))

Parent Signature

Date

RETURN THIS FORM TO: *RCC of Brownville & Dexter
P. O. Box 99
Brownville, NY 13615*

