Bring the Faith Home

ST. LORENZO RUIZ CATHOLIC PARISH COMMUNITY
FAITH FORMATION REGISTRATION
2018/ 2019

Please complete <u>an individual form</u> for each child to be registered. A separate form is required for the Confirmation Program Name as appears on Baptismal Certificate please.

STUDENT INFORMATION:

Birth Date: ___/___/___ Age: _____
Grade in school Sept. 2018: _____
Child is: Male / Female
New / Returning student

_____
Last Name First Name (Nickname) Middle Name

YES	NO	SACRAMENT RECEPTION (certificate copies need to be submitted only once for sacrament)
		Baptism (official certificate copy is required)
		Reconciliation
		1st Communion (official certificate copy is required)
		PLEASE ANSWER EACH QUESTION: Your confidential responses help us serve your child well and form balanced, effective classes.
		Has your child been identified as ADD or ADHD?
		Has your child been diagnosed on the autism spectrum?
		Does your child have learning disabilities? Please specify.
		Does your child have asthma ? Do they carry an inhaler?
		Does your child have food allergies? Please specify.
		What other allergies, medical conditions, disabilities or special needs does your child have?

FAMILY INFORMATION:

St. Lorenzo Parish ID: _____ _____ (***Please complete Parish Registration in the Parish Office. Zone map is available in the Pavilion)***
Zone Envelope #

FATHER

_____ _____
Last Name First Name Religion

_____
Address City State ZIP

_____ _____ _____
Home phone Work phone Cell Phone

_____ _____
Email address Primary language

MOTHER

_____ _____
Last Name First Name Religion

_____
Address City State ZIP

_____ _____ _____
Home phone Work phone Cell Phone

_____ _____
Email address Primary language

CUSTODY (circle one): Child lives with Both Parents in same home / Shared custody - separate homes / Mother only / Father only / Other _____

YES / NO: <u>Does a non-custodial parent have *legally restricted access* to the child</u>? (If yes, please provide current copies of court orders for the child's protection.)

SIBLINGS: Name	Age		Grade Enrolled in Religious Education?
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

PLEASE TURN OVER AND COMPLETE THE BACK OF THE FORM! THANK YOU!