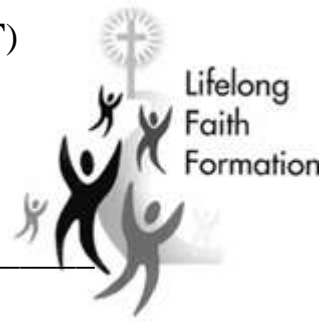


ST. GERARD Catholic Faith Formation Program (CFF)
Enrollment Form
2016 – 2017



Date _____

Please Print

Household FAMILY NAME _____

Address _____ Zip _____

Home Phone # (_____) _____

Cell #(Mom) (_____) _____ Cell #(Dad) (_____) _____

Email Address _____

Emergency Phone #:(_____) _____ Name of Person: _____

Student Information

1. Last Name	First Name	Date of Birth	Grade	Baptism	Church of Baptism	Communion	Confirmation
				Yes / No		Yes / No	Yes / No
2. Last Name	First Name	Date of Birth	Grade	Baptism	Church of Baptism	Communion	Confirmation
				Yes / No		Yes / No	Yes / No
3. Last Name	First Name	Date of Birth	Grade	Baptism	Church of Baptism	Communion	Confirmation
				Yes / No		Yes / No	Yes / No
4. Last Name	First Name	Date of Birth	Grade	Baptism	Church of Baptism	Communion	Confirmation
				Yes / No		Yes / No	Yes / No
Enrolled in Faith Formation Classes at St. Gerard previously?				Yes / No	How many years?		
Attended Faith Formation Classes in another parish?				Yes / No	How many years?	Name of Parish:	

Parent/Guardianship Household Information

Last Name	First Name	Relationship	Catholic	Baptism	Communion	Confirmation
			Yes / No	Yes / No	Yes / No	Yes / No
Last Name	First Name	Relationship	Catholic	Baptism	Communion	Confirmation
			Yes / No	Yes / No	Yes / No	Yes / No

Parents, we may need a little extra help this year. Please check: Yes. Please call me. No. Not this time.

Is your family registered in St. Gerard Parish? Yes No
 Would you like a registration form for St. Gerard Parish sent/given to you? Yes No

Marital Status of Parents: Married in the Catholic Church Married in church/another denomination
 Single parent Widowed Cohabiting Civil marriage Common Law
 Divorced Divorced and Remarried

(Over)

Parents' names as they appear on the child's/children's birth certificates

Biological Father's Name _____ Religion _____

Mother's Name (Maiden) _____ Religion _____

If the children listed on the front of this form do not have the same parents, father and/or mother, please fill in the information below.

Child 1. Name _____

Biological Father's Name _____ Religion _____

Mother's Maiden Name: _____ Religion _____

Any other information that will help in the faith formation of your child:

Child 2. Name _____

Biological Father's Name _____ Religion _____

Mother's Maiden Name: _____ Religion _____

Any other information that will help in the faith formation of your child:

Child 3. Name _____

Biological Father's Name _____ Religion _____

Mother's Maiden Name: _____ Religion _____

Any other information that will help in the faith formation of your child:

+++++

Fee Information	
Fee	Catechist's Family
___ One Child: \$25	___ Free
___ Family: \$45	

___ Yes. I give my permission for my child(ren) to be photographed, for the use of the CFF program.
___ No. I do not want my child(ren) photographed.

Parent's/Guardian's Signature

For the office:
Amount Paid _____ Date _____ Cash ___ Check # _____ Initials _____

Amount Paid _____ Date _____ Cash ___ Check # _____ Initials _____
