

**ST. GERARD Catholic Faith Formation Program (CFF)  
Enrollment Form  
2017– 2018**



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

**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 \_\_\_ Single parent \_\_\_ Widowed  
 \_\_\_ Married in church/another denomination \_\_\_ Cohabiting \_\_\_ Civil marriage \_\_\_ Common Law

**Help** I would be able to help on the CFF mornings \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Occasionally \_\_\_ Never  
**(Over)**

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

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:

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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:

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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:

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Child 4. Name \_\_\_\_\_

Biological Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion \_\_\_\_\_

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

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<p><input type="checkbox"/> Yes. I give my permission for my child(ren) to be photographed, for the use of the CFF program.</p> <p><input type="checkbox"/> No. I do not want my child(ren) photographed.</p> <hr/> <p>Parent's/Guardian's Signature</p>
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<p><b><u>Fees:</u></b></p> <p>One Child: \$25</p> <p>Family Fee: \$45</p>
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**For the office:**

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_

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