

**St. Luke Catholic Church**  
**2011-2012 Christian Formation Registration**  
**Grades K-4—10**

**PARENT INFORMATION:**

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

If divorced, child/ren lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Alternates homes \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City/State/ZIP CODE

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CHILD/REN INFORMATION: (Please use full legal names)**

**1) CHILD'S NAME**

Grade in

\_\_\_\_\_  
*Last* *First* *Middle* Gender 2011-12 School Attending Birth date

**Check Sacraments Received:** \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist

Please circle EACH grade level that the student has attended Christian Formation classes or Catholic School:

K4   K5   1   2   3   4   5   6   7   8   9

**2) CHILD'S NAME**

Grade in

\_\_\_\_\_  
*Last* *First* *Middle* Gender 2011-12 School Attending Birth date

**Check Sacraments Received:** \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist

Please circle EACH grade level that the student has attended Christian Formation classes or Catholic School:

K4   K5   1   2   3   4   5   6   7   8   9

**OVER, PLEASE, SIGNATURE REQUIRED ON REVERSE**

**3) CHILD'S NAME**

Grade in

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      Gender                      2011-12                      School Attending                      Birth date

**Check Sacraments Received:**    \_\_\_ Baptism    \_\_\_ Reconciliation    \_\_\_ Eucharist

Please circle EACH grade level that the student has attended Christian Formation classes or Catholic School:

          K4      K5      1      2      3      4      5      6      7      8      9

**4) CHILD'S NAME**

Grade in

\_\_\_\_\_  
*Last*                      *First*                      *Middle*                      Gender                      2011-12                      School Attending                      Birth date

**Check Sacraments Received:**    \_\_\_ Baptism    \_\_\_ Reconciliation    \_\_\_ Eucharist

Please circle EACH grade level that the student has attended Christian Formation classes or Catholic School:

          K4      K5      1      2      3      4      5      6      7      8      9

Name, address, and phone number if mail and/or e-mail should also go to non-custodial parent:

\_\_\_\_\_

Please specify BY NAME if your child/ren has any areas of sensitivity, such as health, family difficulties, learning/developmental areas and behavior which will help the catechist to be sensitive to special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of EMERGENCY contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Where did child/ren participate in Christian Formation last year if not at St. Luke? \_\_\_\_\_

Are you currently registered members of St. Luke Parish? Yes\_\_\_ No\_\_\_ If No, where are you registered? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_