

My Formation Registration

424 Lourdes Church Rd. , Germantown Hills, IL 60132-1008

Term: 2023-2024

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Email Address: _____

Mother's Name: _____

Mother's Email Address: _____

Mother's Maiden: _____

Emergency Contact: _____

Home Phone: _____

Emergency Phone: _____

Home Address: _____

Father Catholic? _____

City, ST, Postal: _____ , _____

Father Religion: _____

Father's Cell / Work: _____

Mother Catholic? _____

Mother's Cell / Work: _____

Mother Religion: _____

STUDENT #1 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

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Additional Students

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT #4 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

STUDENT #5 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____