

**OUR LADY OF THE HOLY ROSARY AND ST LEO PARISH
FAITH FORMATION REGISTRATION FORM**

CHILD NAME _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____

Circle appropriate grade/program

| | | | | | | | | | | | | |
|---------------|----------|--------------------|----------|----------|----------|-----------|----------------|-----------|---------------|-----------|----------------|-----------|
| K | 1 | 2 | 3 | 4 | 5 | 6* | 7* | 8* | 9 | 10 | 11 | 12 |
| SUNDAY | | 10:30-11:45 | | | | | (*EDGE) | | CONF I | | CONF II | |

BAPTISMAL INFORMATION

(WE NEED A BAPTISMAL CERTIFICATE DATED 6 MONTHS PRIOR TO THEIR SACRAMENT)

DATE OF BIRTH _____

DATE OF BAPTISM _____

CHURCH OF BAPTISM _____

ADDRESS OF CHURCH _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

RECEIVED MONEY _____ RECEIVED BAPTISMAL CERTIFICATE _____

RECEIVED SPONSOR CERTIFICATE _____ ENTERED IN RECORDS _____

SENT PARISH NOTIFICATION _____

