

Holy Innocents/St. Barnabas Faith Formation 2009 – 2010 Registration Form

Family Name _____

Address: _____
City Zip

Home Phone: _____

Father's Name: _____ Religion: _____
 Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Religion: _____
 Maiden Name: _____
 Work Phone: _____ Cell Phone: _____

Parish Registered at: _____

E-mail Address: _____

*If any of the above information changes please inform the Faith Formation office.
 Parish Registered in:*

Class times:

Grade	Day	Time
K	Sunday	10:00 AM
1- 5	Mon or Tues	4:30 PM
6 - 8	Tuesday	6:30 PM

Bellview Latchkey Program? YES NO

Student Information

Name: _____
First Middle Last

Date of Birth _____ Grade: _____ Day: _____ School Grade: _____
 SACRAMENTS NEEDED: BAPTISM EUCHARIST CONFIRMATION
(Circle all that apply)

Special Needs: _____

Church Of Baptism: _____
If not Holy Innocents or St. Barnabas, please provide a copy of the certificate with this form.

Name: _____
First Middle Last

Date of Birth _____ Grade: _____ Day: _____ School Grade: _____
 SACRAMENTS NEEDED: BAPTISM EUCHARIST CONFIRMATION
(Circle all that apply)

Special Needs: _____

Church Of Baptism: _____
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