

**2016-2017 FAITH FORMATION REGISTRATION FORM****ST. FRANCIS XAVIER PARISH**

1 ELM STREET, NEW MILFORD, CT 06776 (860) 354-5372

www. [sfxnewmilford.org](http://sfxnewmilford.org)Email: [mvannucci@sfxnewmilford.org](mailto:mvannucci@sfxnewmilford.org) for grades K-5      [spullen@sfxnewmilford.org](mailto:spullen@sfxnewmilford.org) for grades 6-10**STUDENT INFORMATION**

STUDENT'S NAME \_\_\_\_\_

*First, Middle, Last*

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (# to call first) \_\_\_\_\_

SEX OF CHILD \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

SCHOOL ATTENDING IN SEPTEMBER 2016 \_\_\_\_\_

GRADE IN SEPTEMBER 2016 \_\_\_\_\_

PREFERRED DAY OF CLASS \_\_\_\_\_

BUS: Y / N

PRIMARY EMAIL ADDRESS \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

MOTHER'S CELL NUMBER: \_\_\_\_\_

MOTHER'S WORK NUMBER: \_\_\_\_\_

FATHER'S CELL NUMBER: \_\_\_\_\_

FATHER'S WORK NUMBER: \_\_\_\_\_

**SACRAMENTAL HISTORY OF CHILD*****Please take note:*** A copy of your child's Baptismal Certificate is **REQUIRED** for all new students who were not baptized at St. Francis Xavier Parish.

BAPTISM DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

RECONCILIATION DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

COMMUNION DATE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**REQUIRED INFORMATION—PLEASE INDICATE IF ANY OF THESE CONDITIONS APPLY. PLEASE EXPLAIN...****DOES YOUR CHILD...** *(All information is confidential)*

...have a physical or learning disability, i.e. modification, para?

Y/N \_\_\_\_\_

...take any medications?

Y/N \_\_\_\_\_

...have any food allergies?

Y/N \_\_\_\_\_

...have any medical conditions i.e. asthma, diabetes, seizures, etc.?

Y/N \_\_\_\_\_

...have any allergies requiring Epi-Pen administration?

Y/N \_\_\_\_\_