



OFFICE OF FAITH FORMATION  
ENROLLMENT FORM

Student Name: \_\_\_\_\_ Gender: M or F

First

Middle

Last

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Street

City/Town

State

Zip

Telephone#: \_\_\_\_\_ Emergency or Cell Phone #: \_\_\_\_\_

Parent E-Mail Address: \_\_\_\_\_

(Please print clearly)

Grade Fall 2023: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

(Please list first, maiden, and last)

If the child lives with one parent, which one? \_\_\_\_\_

Baptism: \_\_\_\_\_

Date

Church

City, State

First Eucharist: \_\_\_\_\_

Date

Church

City, State

Date: \_\_\_\_\_