

Check for Non-Traditional Sacramental Preparation (did <u>not</u> receive Reconciliation/Eucharist in 2<sup>nd</sup> grade):



## 2024-2025 Faith Formation Registration

St. Ignatius  CATHOLIC COMMUNITY  A FAM  Fa	ith	**Office  \$50/Family  \$50/Sacramental Pr	Use ONLY**  Cash reparation Check
FAMILY INFORMATION		Date Received	Initial
Family Name	_ Home Parish	<del>-</del>	
Preferred Mass: St Ignatius:   Saturday 5pm  Other	□ Sunday 8am	□ Sunday 11:30am	
AddressStreet			
Street	City	State	Zip Code
Father's Name		Catholic $\square$	Yes $\square$ No
Mother's Name(First-Middle-Maiden-La	st)\	Catholic $\square$	Yes □ No
Primary Contact Information  ☐ Father ☐ Mother ☐ Other  Phone	$\square$ Fath	Secondary Contact Info er	Other
Email	Email _		
CHILD 1			
Name			□ Female
(First-Middle-Last)  Rirthdate Grade (as o	of 9/1/24)	School	
Birthdate Grade (as o			N .
List allergies, current medications, or other pertin	nent information:		
Check for Non-Traditional Sacramental Preparat	ion (did <u>not</u> receive I	Reconciliation/Eucharis	st in 2 <sup>nd</sup> grade):
CHILD 2			photographic and the photographic control and a control and the photographic control and the photograph
Name(First-Middle-Last)			□ Female
Birthdate Grade (as o			
List allergies, current medications, or other pertin			i i

Name	(First-Middle-Last)			☐ Male	☐ Female
	Grade (as				
	one of the second				
	t medications, or other per				
	itional Sacramental Prepara			n/Eucharist	in 2 <sup>nd</sup> grade): □
CHILD 4					
Name	(First-Middle-Last)		-	□ Male	□ Female
	Grade (as				
	t medications, or other perf				
Check for Non-Trad	itional Sacramental Prepara	ation (did not receiv	re Reconciliatio	n/Eucharist	in 2 <sup>nd</sup> grade). $\square$
	•				m 2 grado). $\square$
					m 2 grade).
SHILD 5					m 2 grudo).
				□ Male	□ Female
Name	(First-Middle-Last)			□ Male	□ Female
Name				□ Male	□ Female
NameBirthdate	(First-Middle-Last)	of 9/1/24)		□ Male	□ Female
NameBirthdate	(First-Middle-Last) Grade (as	of 9/1/24)		□ Male	□ Female
List allergies, curren	(First-Middle-Last) Grade (as	of 9/1/24)tinent information:	School	□ Male	□ Female
Name Birthdate Month/I List allergies, curren	(First-Middle-Last) Grade (as Day/Year t medications, or other pert	of 9/1/24)tinent information:	School re Reconciliatio	□ Male	□ Female
Name Birthdate Month/I List allergies, curren Check for Non-Trad	(First-Middle-Last) Grade (as Day/Year t medications, or other pert	of 9/1/24) tinent information: ation (did <u>not</u> receiv	School The Reconciliation	□ Male 	□ Female
Name  Birthdate  Month/I  List allergies, curren  Check for Non-Trade	(First-Middle-Last) Grade (as Day/Year  t medications, or other pertectional Sacramental Prepara  PHO gh their participation in thi	of 9/1/24) tinent information: ation (did <u>not</u> receive  OTO RELI ation program, my chile	School  Te Reconciliatio  EASE  d(ren) listed on	□ Male  n/Eucharist  this registra	□ Female in 2 <sup>nd</sup> grade): □

\*\*PLEASE RETURN FORM TO PARISH OFFICE OR EMAIL TO: