

The Church of St. Bonaventure-St. Benedict the Moor Faith Formation

Reverend Gordon P. Kusi, Pastor

Angela Lewis, DRE

The Faith Prayed



St. Bonaventure

St. Benedict the Moor

Registration Form 2016 - 2017

STUDENT INFORMATION

FAITH FORMATION LEVEL

NAME: _____

Male _____ First _____ Middle _____ Last _____
Female _____ Date of Birth _____

ADDRESS: _____ Apt. _____
_____ Zip Code _____

Telephone No. _____ email: _____

School (9/15) _____ Grade _____

MAILING & HOUSEHOLD INFORMATION

Please provide your name as it appears on your mail box!

Mr. & Mrs. / Mr. / Mrs. / Miss / Ms. _____
(Last Name if different from child)

Mother _____ Religion: _____
First _____ Maiden Name _____

Day Time Phone _____ Work () Home ()

Evening Phone _____ Work () Home ()

Cell Phone _____ email: _____

Father _____ Religion: _____
First _____ Last _____

Day Time Phone _____ Work () Home ()

Evening Phone _____ Work () Home ()

Cell Phone _____ email: _____

Guardian _____ Religion: _____
First _____ Last _____

Day Time Phone _____ Work () Home ()

Evening Phone _____ Work () Home ()

Cell Phone _____ email: _____

Are there any special family situations that we should be aware of: (divorce, serious illness, deaths)

EMERGENCY CONTACT OTHER THAN PARENT (Required)

Please keep in mind day and time program meets.

NAME: _____ Relationship to young person _____
Phone: _____ Work () Home ()

SACRAMENTS & RELIGIOUS EDUCATION (Required)

Are they Baptized? Yes No Date: _____

Provide copy of certificate & or name of Parish _____
Church _____

RECONCILIATION Date: _____
Church: _____

1st EUCHARIST Date: _____
Church: _____

Has your young person attended any Religious Education Program ? Yes No
please circle
When? _____ Where? _____

PARISH LIFE

Are you a registered parishioner? please circle Yes No

Do you use Church envelops? please circle Yes No

**Attending Mass Celebration is vital to your young person spiritual development.
THEY MUST ATTEND MASS! Please join them.**

**Meeting your young person after SUNDAY SCHOOL ()
Meeting your young person after our MASS CELEBRATION. ()**

**YOUR SIGNATURE IS YOUR COMMITMENT TO GETTING YOUR YOUNG PERSON
To Scheduled Faith Formation classes ON TIME regularly.**

Parent/Guardian Signature _____ Date _____

Fees are for books and supplies: Forty Dollars (\$40.00) per child.

Eighty five Dollars (\$85.00) for family with three (3) or more children in program.

Name of siblings(s) in program _____

Cash, Check or Money Order Accepted. Please make checks out to the School of Religion

Thank you.

FOR OFFICE USE ONLY Sibling in program Yes No
Fee Paid: Check () Cash () Full () Partial () Balance \$ _____

Certificate of Baptism Provided () Parish Record Checked ()
Sacramental Preparation Needed: _____