St. Martin and St. Joseph
Faith Formation Registration

Church: _____

Family Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Parish: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Students Registering

Name	DOB	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Contact Name: _____ Contact Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Pick Up Information

Please list the adults (including parents) who are allowed to pick up your child(ren) from Faith Formation.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Allergies and Special Needs

Please list anything else we should know about your child(ren), including any allergies, special learning needs or physical needs, etc.

_____

_____

_____

Do we have permission to take pictures of your child and possibly post them to the parish's Facebook page or website?

[**Yes** / **No**]

Registration Fee - $20/child, no more than $40/family