

**St Marguerite Bourgeoys Parish
2017/18 Faith Formation Registration**

138 Candlewood Lake Rd., Brookfield, CT 06804 (203) 775-5117

Family Last Name: _____ Date: _____

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Parent Cell: _____

Mother's Maiden: _____ Email: _____

Custodial Parent, if different from above _____ Both Parents Catholic? Y ___ N ___

Home Address: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <i>Catholic?</i> Eucharist Penance Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Special Needs: medical, learning/physical disabilities, IEP or 504 Plan: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <i>Catholic?</i> Eucharist Penance Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Special Needs: medical, learning/physical disabilities, IEP or 504 Plan: _____						

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date: Baptism <i>Catholic?</i> Eucharist Penance Confirmation <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____						
Special Needs: medical, learning/physical disabilities, IEP or 504 Plan: _____						

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Special Needs: medical, learning/physical disabilities, IEP or 504 Plan: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Fees Due \$ _____ **Fees Paid \$** _____ **Date** _____