

St. Vincent de Paul Catholic Church

**FAMILY FAITH FORMATION PROGRAM
REGISTRATION FORM 2023-2024**

New Student(s) _____ Returning Student(s) _____

CHILD'S FIRST AND LAST NAME	DATE OF BIRTH	AGE	GRADE	SCHOOL

Will a student make First Communion and Reconciliation this year? YES _____ NO _____

Will a student be Confirmed this year? YES _____ NO _____

Is your family registered at St. Vincent de Paul Parish? YES _____ NO _____

Primary language spoken at home: _____

PARENT/GUARDIAN INFORMATION

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

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

HOME Street: _____

ADDRESS: City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name/Phone Number: _____

Parent/Guardian Signature: _____ Date: _____