

St. Robert Bellarmine
Weekly Faith Formation Class Registration
2016-2017

Please Print.

Family Name _____

Home Address _____
Street City Zip

Home Phone (____) _____ E-Mail _____

Father's Name: _____ Religion _____

Contact Phone Number _____

Mother's Name: _____ Religion _____

Contact Phone Number _____ Maiden Name: _____

Is your family a registered member of SRB Church? _____

Permission for photos and first name to be posted for display at SRB Church or on the SRB Website? _____ If yes, Parent/Guardian Signature _____

Child's First Name: _____ **School/Grade** _____

Church of Baptism: _____ Date: _____

If Baptized other than at SRB please attach a baptismal certificate, unless already on file.

Has First Eucharist been celebrated? Yes ___ No ___

Has First Reconciliation been celebrated? Yes ___ No ___

Child's First Name: _____ **School/Grade** _____

Church of Baptism: _____ Date: _____

If Baptized other than at SRB please attach a baptismal certificate, unless already on file.

Has First Eucharist been celebrated? Yes ___ No ___

Has First Reconciliation been celebrated? Yes ___ No ___

Child's First Name: _____ **School/Grade** _____

Church of Baptism: _____ Date: _____

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Has First Eucharist been celebrated? Yes ___ No ___

Has First Reconciliation been celebrated? Yes ___ No ___

Please attach registration fee of \$65 per child (up to \$130/household).

Office Use: ___ Cash ___ Check # ___ Date: _____ By: _____