

St. Benedict Catholic Church
K-11 Family Faith Formation Registration Form 2019-2020

Student Information

Child #1 Name: (first, middle, last) _____

Sacraments Received: ***Church, City & State***

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

Child #2 Name: (first, middle, last) _____

Sacraments Received: ***Church, City & State***

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

Child #3 Name: (first, middle, last) _____

Sacraments Received: ***Church, City & State***

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

(to Register [additional children](#) go to page 3)

Family Information

Father's Name: _____ **Religion:** _____ **Language:** _____

Mailing address: _____

Mother's Name: _____ **Religion:** _____ **Language:** _____

Mailing Address: _____

Mom's Cell: _____ Dad's Cell: _____

Other Legal Guardian~ Name: _____ **Religion:** _____

Language: _____ Cell phone: _____

Mailing address: _____

Please list all children in the family younger than Kindergarten who will also be attending and utilizing our Child Care when appropriate:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Parents are: _____ Divorced _____ Single _____ Re-married _____ Married

Step Parent's name _____

Are you Registered Parishioners of St. Benedict Church? Yes No

If registered at another parish, which parish? _____

Other contact in case of an emergency:

Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Do any of your children have special learning needs that we should be aware of?

Tuition Information:

_____ \$60 per family _____ We would like to be considered for a
Scholarship for our Family tuition.

E-mail Addresses:

*Parents please provide us with your **e-mail address(es)** so as to more easily communicate with you. This is very helpful, Thank you.*

****At St Benedict's we celebrate the Sacraments of Reconciliation and Holy Communion for the first time in 2nd grade.**

****Confirmation is celebrated in the 11th grade.**

****Sacramental Formation is a minimum of two years.**

Register additional children

Student Information

Child #4 Name: (first, middle, last) _____

Sacraments Received: **Church, City & State**

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

Child #5 Name: (first, middle, last) _____

Sacraments Received: **Church, City & State**

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

Child #6 Name: (first, middle, last) _____

Sacraments Received: **Church, City & State**

- Baptism Where? _____
- Reconciliation (Confession)
- Holy Communion
- Confirmation

Date of Birth: ____/____/____

Grade of Child: _____

Sex: M F

School attending _____

Please do not ever hesitate to contact me with questions, concerns or comments 262-275-2993 or msmith@stbensparish.org.
I so look forward to the 2nd year of our new Family Program and working together with each one of you as we all grow closer to our loving our God!

Molly Smith, Director of Religious Education



St. Benedict, Pray for us!