

**NKCC & SMM 2022-2023  
K-5 Faith Formation Registration**

**Student Name:** \_\_\_\_\_  **Male**  **Female**  
Last First Middle

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Parish Affiliation:** \_\_\_\_\_

**Sacraments the Student has received:** (circle all that apply)  
**Baptism**      **Reconciliation** (Confession)      **Eucharist** (First Communion)      **Confirmation**

**Miscellaneous information we should know about the student:** (Medical conditions /allergies, etc. Please contact Program Manager or Pastoral Associate in person if such information is confidential.)

**Mother's Name:** \_\_\_\_\_  Living  Deceased

Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Numbers:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  Living  Deceased

Religion: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Numbers:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

*(See other side of form.)*

**Emergency Contact Person:** \_\_\_\_\_

*(If parent cannot be reached in an emergency, person who should be contacted – neighbor, grandparent, family friend, etc.)*

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

If parents are separated or divorced, please complete the following. Information will remain confidential but may be shared with a particular catechist on an “as needed” basis to provide for the security of the child:

With whom does the child live?

\_\_\_\_\_

Are there any concerns or situations of which we should be aware pertaining to the safety or security of this child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:**

If **more than one child** is being registered, it is necessary to complete the **entire form only once**; for each additional child, complete **only** the section **outlined in red**.

Submit **ALL** the forms from one family together with registration fees. Return **FORMS** to **YOUR** parish Faith Formation office by **AUGUST 15th**. Registration fees are \$25.00 per child. Third child is free.

Please contact Jamie Dillon at [jdillon@dioceseofgreensburg.org](mailto:jdillon@dioceseofgreensburg.org) or Linda Reno at [lreno@dioceseofgreensburg.org](mailto:lreno@dioceseofgreensburg.org) with special considerations.

**We would like to register for:** \_\_\_\_\_ **Homeschool**

I would like to volunteer for:

- Teacher’s Aide
- Door Person
- Hall Monitor
- Other \_\_\_\_\_