



FAMILY FAITH FORMATION FORM

Family Name-

Mailing Address:

Home Phone:

Cell Phone:

e-mail address:

Emergency Contacts:

Name & Relationship:

Phone No:

Cell Phone:

Family Physician- Name:

Phone No:

Please note any medical conditions (including allergies) we need to be aware of:

Family Faith Formation Agreement

In registering as a family for faith formation at Sacred Heart parish, I/we agree to participate in the adult portions of the program. Failure to do so will constitute my/our decision not to have our child/children or our family continue to be in the faith formation program.

(Signature(s) of parent(s) or guardian)

(Date)

FAMILY FAITH FORMATION REGISTRATION FEE FORM

Family Name: _____

Please List Family Members....

Adults: _____

Children: _____ age/grade: _____
_____ age/grade: _____
_____ age/grade: _____
_____ age/grade: _____
_____ age/grade: _____
_____ age/grade: _____

Fee: \$75.00 Paid on _____ by: Check Cash