St. Simon Faith Formation Student Information

Please complete a form for each child participating in Religious Education and / or Youth Group

Family Last Name(s):			Home Phone #:			
Father's First Name	:		Mother's First Name:			
Who will pick up thi If other than				Sibling Relative		
Is it okay to take pho Yes No (Please see the Media Relation					events?	
Child Information:			opy of the Child's aring for a sacrame		nild was NOT baptized at	
Child's Last Name			First Name		Birthdate	
Gender			School Attending		Grade	
Male Female						
Please list any special	needs (le	arning, beh	avioral, medical)	:	<u></u>	
Please list any food allergies:						
Has this child been baptized?			Does this child need to prepare for a sacrament? Yes No If yes, which one? First Holy Communion Confirmation			
Has this child attende Formation or Youth (Yes No			Gr	d attended Religious oup at another paris st name of parish an		
Sacrament	Date		Church	City, State	Copy of Certificate Attached	
Baptism					Yes No	
First Holy Communion					For Office Use Only: Baptism Verified: Yes No	
					Date: By:	
Confirmation						