

St Marianne Cope Parish

Faith Formation Registration

340 Hudson Street, Cornwall on Hudson, NY 12520

Term:

FAMILY INFORMATION

Family Last Name:	_____	Date:	_____
Father's Name:	_____	Father's Cell / Work:	_____
Mother's Name:	_____	Mother's Cell / Work:	_____
Mother's Maiden:	_____	Email Address:	_____
Home Phone:	_____	Emergency Contact:	_____
Home Address:	_____	Emergency Phone:	_____
City, ST Postal:	_____	Both Parents Catholic?	Yes / No(explain on back)
		Both Parents at this address?	Yes / No(explain on back)

STUDENT #1 INFORMATION

Child Name:	_____	Catholic?	Yes / No
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Sacrament Details</u>	Check & Date All Below
Birth Date:	_____	<input type="checkbox"/> Baptism:	_____
Grade:	_____	<input type="checkbox"/> Eucharist:	_____
Session:	_____	<input type="checkbox"/> Reconciliation Prep:	_____
Class:	_____	<input type="checkbox"/> Confirmation:	_____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name:	_____	Catholic?	Yes / No
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Sacrament Details</u>	Check & Date All Below
Birth Date:	_____	<input type="checkbox"/> Baptism:	_____
Grade:	_____	<input type="checkbox"/> Eucharist:	_____
Session:	_____	<input type="checkbox"/> Reconciliation Prep:	_____
Class:	_____	<input type="checkbox"/> Confirmation:	_____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Registration Fees DUE: \$ _____

Registration Fees PAID: \$ _____

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Additional Students

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):