

Today's Date: ___/___/___

Faith Formation Registration 2011-2012

St. Clement Church • 1104 N. Alexander Street • Plant City, FL. 33563



Family Name: _____

Father/Guardian: _____ Mother/Guardian: _____
Use Mother's Maiden Last Name

Address _____ City _____ State _____ Zip _____
Home Phone # _____ Cell Phone # _____ Emergency Phone # _____ e-mail _____

Child(ren) lives with: Both parents _____ Mother _____ Father _____ Guardian _____
(a copy of custody documents needed)

Student #1: _____
First Name Middle Last

Birth Date: _____ Place of Birth: _____ Grade: _____
City State

School Name: _____ Male/Female _____ Did child attend FF last year?
— Yes — No If yes what grade? _____

Student # 1 Information

Please indicate Sacraments child has received:

- Baptism:** _____
Baptismal Church Name Baptismal Church Address Date of Baptism
- First Communion:** Place _____ Year _____
- Confirmation:** Place _____ Year _____

Please provide a copy of the Baptismal Certificate.

Does child attend special education classes in school? _____

Fees: (K-7th) Faith Formation only/1st Com. I \$35 1st Communion II - \$40
3 or more children \$110

Please make checks payable to St. Clement Church.

<i>Office use only:</i>		<i>Bapt. Cert.:</i> _____	<i>How many children registered?:</i> _____
<i>Paid:</i> _____	<i>Paid:</i> _____	<i>Paid:</i> _____	<i>Paid:</i> _____
<i>Date:</i> _____	<i>Date:</i> _____	<i>Date:</i> _____	<i>Date:</i> _____
<i>Balance:</i> _____	<i>Balance:</i> _____	<i>Balance:</i> _____	<i>Balance:</i> _____
<i>Cash/Check #</i> _____	<i>Cash/Check #</i> _____	<i>Cash/Check #</i> _____	<i>Cash/Check #</i> _____

Parent/Guardian Consent:

I consent to my child being registered in St. Clement Catholic Church Faith Formation, I commit to taking an active role in their faith development. I understand that as the primary catechist for my child, I assume responsibility for their attendance, behavior, and meeting the guideline for the preparation of this sacrament. I also understand that registration will not be complete until the reg. fee is paid. I give permission to use photographs taken of my child during Faith Formation for the bulletin or activities within the Parish.

Parents/Guardian Signature

Today's Date

**If you have more children,
Please fill out the back**



Student # 2: _____
First Name Middle Last

Birth Date: _____ Place of Birth: _____ Grade: _____
City State

School Name: _____ Male/Female Did child attended FF last year?
— Yes — No If yes what grade? _____

Student # 2 Information

Please indicate Sacraments child has received:

- Baptism:** _____
Baptismal Church Name Baptismal Church Address Date of Baptism
- First Communion:** Place _____ Year _____
- Confirmation:** Place _____ Year _____

Please provide a copy of the Baptismal Certificate.

Does child attend special education classes in school? _____

Student # 3: _____
First Name Middle Last

Birth Date: _____ Place of Birth: _____ Grade: _____
City State

School Name: _____ Male/Female Did child attended FF last year?

Student # 3 Information

Please indicate Sacraments child has received: — Yes — No If yes what grade? _____

- Baptism:** _____
Baptismal Church Name Baptismal Church Address Date of Baptism
- First Communion:** Place _____ Year _____
- Confirmation:** Place _____ Year _____

Please provide a copy of the Baptismal Certificate.

Does child attend special education classes in school? _____

Student # 4: _____
First Name Middle Last

Birth Date: _____ Place of Birth: _____ Grade: _____
City State

School Name: _____ Male/Female Did child attended FF last year?

Student # 4 Information

Please indicate Sacraments child has received: — Yes — No If yes what grade? _____

- Baptism:** _____
Baptismal Church Name Baptismal Church Address Date of Baptism
- First Communion:** Place _____ Year _____
- Confirmation:** Place _____ Year _____

Please provide a copy of the Baptismal Certificate.

Does child attend special education classes in school? _____