## LOURDES MIAMI Christian

**Formation** 

## **Student Registration Form** 2018 - 2019

	CF Code:
- 1	Day and Room assigned:
	School Grade:

Student name: \_\_\_\_\_\_ Parish ID # \_\_\_\_\_

Life in Christ: Our task in Christian Formation is to help your child grow as a disciple of Christ. We are privileged to serve you and your child in this, but we must work with you as a team to encourage the spiritual growth of your child. Your child's experience of faith life in the family is essential to his or her development as a disciple of Jesus Christ.

Student Address:

Street Address

City

State or Country

Zip Code

Section 1: In the section below, please enter the information only for those who have legal responsibility for the child.

Father's full

Address.	Street Address City		State or Country		Zip Code	
Section 1: In	n the section below	, please enter th	e information only child.	/ for those wh	o have <u>leg</u>	al responsibility for the
Father's fu name						
Please ch	eck, is Father?	Biological	Father,	Step-fathe	er,	Legal Guardian
		Other Christian (Specify): None,Other (Specify)				
Father' Address ( different fror	s if n					
student): Street Address		City		State or Co	untry	Zip Code
Father' contact Info		cell phone	work phone	email	Emerge	ncy Contact Phone
D. d. a. l. b. a. d. a. C.	11					
Mother's fu						
Please check, is Mother?		Biological N	Mother,	Step-moth	er,	Legal Guardian
Mother' religior	sCatholic, n:Muslim,	Other Christian (Specify): None,Other (Specify)			,Jewish,	
Mother' Address ( different fror student	if		City	State or Co	untry	Zip Code
Mother'	S				-	ncy Contact Phone

## MIAMI Christian

## Student Registration Form 2018 - 2019

Student name: \_\_\_\_\_

CF Code:
Day and Room assigned:
School Crado

Family last name: \_\_\_\_\_ Parish ID # \_\_\_\_\_ **Formation** Section 2: The following information must be taken from the student's Birth Certificate Student's Name (as it appears on the Birth Certificate) Country or State Date of Birth of Birth Father's name (as it appears on the Birth Certificate) Mother's name (as it appears on the Birth Certificate) Section 3: The following information must be taken from the student's Baptism Certificate (if applicable) Name of Church Date of Baptism Address of Church Street Address City Zip Code Section 4: The following information must be taken from the student's First Communion Certificate (if applicable) Date of First Name of Church Communion Address of Church Street Address City State or Country Zip Code Special Needs Survey: Please provide a brief summary of any special needs (physical limitations, behavioral, medical, etc.) that we should be aware of as we work with your child. Learning: Physical: Behavioral: Chronic illnesses or other medical: Please note: If your child needs to have medication administered during class time, it must be administered by a parent or medical professional. Office use only Date of registration: \_\_\_\_ Processed by: Book / Spirit Day: \_\_\_ Catechist assigned: \_\_\_ Day and room # Birth Certificate on file \_\_\_\_\_ First Communion Certificate on file Baptism Certificate on file \_\_\_\_\_

Notes and Remarks: