# FAITH FORMATION
## St. Jude Catholic Church
## 2026-2027

*Please return this form along with the registration fee of $85 per child ($170 max) to the Parish Office.*

FOR OFFICE USE ONLY

_____

_____

___ My Child(ren) will attend classes (Sundays from 5:30pm - 7:00pm)
___ My Child(ren) will be Home-Schooled

**Family (Last) Name:** _____

| | | | | | Has Received: | | | |
|---|---|---|---|---|---|---|---|---|
| Child's Full Name | Sex | Birthdate | Grade | School | Baptism | Reconciliation | Communion | Confirmation |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Special Needs/Comments/Special Circumstances (physical, emotional, learning disabilities, etc.):

_____

Child lives with: Both Parents_____ Mother_____ Father_____ Other_____

****PRIMARY PHONE NUMBER CONTACT DURING SUNDAY CLASS TIME_____****

**Mother's Name:** _____

Address: _____

City/State/Zip: _____

Email Address (please print CLEARLY): _____

Home Phone: _____ Cell Phone: _____

Religion: _____Parish Where Registered: _____

**Father's Name:** _____

Address (if different from above): _____

City/State/Zip: _____

Email Address (please print CLEARLY): _____

Home Phone: _____ Cell Phone: _____

Religion: _____ Parish Where Registered: _____

***Emergency Contact (Other than parent in event that a parent cannot be reached):***

Name: _____ Relationship to Participant: _____

Cell Phone: _____ Home Phone: _____