

Faith Formation Returning Student Registration Form **2020-2021**

Parents/Guardian	
Address	
City	
State	
Zip Code	
Telephone Number	
E-mail address	
Emergency Contact/Phone	

Release To (#1)	
Release To (#2)	
Release To (#3)	

Child	Grade	Allergies	Medications	Special Needs

Family Physician	Telephone Number	Hospital

Emergency Medical Authorization? _____

Photo on Website? _____

Signature _____

Date _____