

2025-2026 Faith Formation Registration

Parent(s)/Guardian Names:			
Address:			
Mother's Cell #:			
Father's Cell #:	Father's Email:	Father's Email:School:	
Home Parish:			
Student Name:		•	
	Fundamentals of the Faith (6) Morality Class (Gr 9 - 12)_		
Check if your child will be preparing	for: First Communion Co	onfirmation	
Church of Baptism:			
Allergies/Health Restrictions:			
Student Name:	Birthdate:	Grade:	
Fundamentals of the Faith (Gr	- K-3) Fundamentals of the Faith (0	Gr 4 & 5)	
Sacraments (Gr 6 - 8	8) Morality Class (Gr 9 - 12)_		
Check if your child will be preparing	for: First Communion Co	onfirmation	
Church of Baptism:			
Allergies/Health Restrictions:			
Student Name:	Birthdate:	Grade:	
Fundamentals of the Faith (Gr	K-3) Fundamentals of the Faith (0	Gr 4 & 5)	
Sacraments (Gr 6 - 8	B) Morality Class (Gr 9 - 12)_	· _	
Check if your child will be preparing	for: First Communion Co	onfirmation	
Church of Baptism:			
Allergies/Health Restrictions:			

Student Name:	Birthdate:	Grade:
Fundamentals of the Faith (Gr K-3)	Fundamentals of the F	aith (Gr 4 & 5)
Sacraments (Gr 6 - 8)	Morality Class (Gr 9	- 12)
Check if your child will be preparing for First	Communion	Confirmation
Church of Baptism:		
Allergies/Health Restrictions:		
Student Name:	Birthdate:	Grade:_
Fundamentals of the Faith (Gr K-3)	Fundamentals of the F	aith (Gr 4 & 5)
Sacraments (Gr 6 - 8)	Morality Class (Gr 9	- 12)
Check if your child will be preparing for:	First Communion	Confirmation
Church of Baptism:		
Allergies/Health Restrictions:		
Student Name:	Birthdate:	Grade:_
Fundamentals of the Faith (Gr K-3)	Fundamentals of the F	aith (Gr 4 & 5)
Sacraments (Gr 6 - 8)	Morality Class (Gr 9	- 12)
Check if your child will be preparing for:	First Communion	Confirmation
Church of Baptism:		
Allergies/Health Restrictions:		
Student Name:		Grade:_
Fundamentals of the Faith (Gr K-3)		
	Morality Class (Gr 9	
•		
Check if your child will be preparing for: Church of Baptism: Allergies/Health Restrictions: Student Name: Fundamentals of the Faith (Gr K-3) Sacraments (Gr 6 - 8) Check if your child will be preparing for: Church of Baptism: Allergies/Health Restrictions:	Birthdate: Fundamentals of the F Morality Class (Gr 9 -	Grade Faith (Gr 4 & 5) 12) Confirmation

Emergency/Medical Information:	
Emergency Contact:	Phone #:
Relation to Student(s):	
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Releases:	
Name/Image Release: Permission for Student(s) names and Faith Formation to include, but not limited to: newsletters, boards, and if/when Mass is live streamed.	
I give permission for my student(s) name and/or i	mage to be used in communication
I do not give permission for my student(s) name a	nd/or photo to be used in communication.
Liabilities:	
I give permission for my child(ren) to participate in the Chu In consideration of my child(ren)'s participation, I agree to it Archdiocese of Saint Paul & Minneapolis from any claims of Saint Joseph/Archdiocese of Saint Paul & Minneapolis by m behavior by my child(ren) at Faith Formation activities. I also incurred by the parish and the Archdiocese in defense of su	ndemnify the Church of Saint Joseph and the r law suits brought against the Church of ayself, my child(ren) or others, that arises out of any so agree to pay reasonable attorney fees/expenses
I the undersigned, have read all the releases and understand knowledge of its significance.	all it's terms and execute if voluntarily and with full
Parents Signature:	Date: