Faith Formation Registration Form 2026-27

One form per family.

☐ St. Joseph's Deposit ☐ St. Joseph's Sanitaria Springs

☐ Our Lady of Lourdes, Windsor ☐ St. Mary's, Kirkwood

Thank you for registering your child for Faith Formation.

Permission to photograph your child(ren)? Yes___ No___

Permission to post photos on https://www.broomecatholics.org/ website? Yes___ No___

Permission to post photos to social media? Yes___ No___

Parent Signature: _____

Date Form Completed:_____

Are you currently registered as a member of this parish? Yes __ No__

Surname:_____

Parent's email:_____ _

Address:_____

City:_____State:_____Zip::_____Phone:_____

Father's Name:_____ Religion:_____

Mother's Name:_____Religion:_____

Father's Cell phone #: _____ Mother's Cell phone #: _____

Emergency Phone Number:_____ Guardian:_____

Children to be Registered (*Register only children involved in the Faith Formation Program, oldest to youngest***):**

Name:_____ D/O/B_____ Age:_____

Grade:_____ School:_____

Medical Alert/Food Allergies:_____

Church of Baptism:_____ Year:_____

Church of Eucharist:_____ Year:_____

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One form per family.

Name:_____ D/O/B_____ Age:_____

Grade:_____ School:_____

Medical Alert/Food Allergies:_____

Church of Baptism:_____ Year:_____

Church of Eucharist_____ Year:_____

Name:_____ D/O/B_____ Age:_____

Grade:_____ School:_____

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Grade:_____ School:_____

Medical Alert/Food Allergies:_____

Church of Baptism:_____ Year:_____

Church of Eucharist_____ Year:_____

Faith Formation Volunteer Form

Name:_____

Adult:_____ Teen:_____

email:_____

Address:_____

City:_____State:_____Zip:_____Phone:_____