## **Faith Formation Registration**

Date:					
Child's First and Last Name					
School:					Age
Grade in School:					
Address					
Address (Line 2)					
City					
State		ZIP	Code		
Sacraments Already Received	indicated by	y a check marl	K:		
Baptism		Eucharist			
Reconciliation					
Where were you baptized? If on file.	at Fatima we	e have you	City:		
Church:				Date:	
Where did you receive First E	ucharist?	Church			
Date			(	City:	
Parent/Guardian Names					
Are they registered in the parish:	Yes No				
Mother's Name					
Faith Tradition:					
Address:					
Phone (Home):				Cell:	
Text?	Yes No				

E-mail				
Father's Name				
Faith Tradition:				
Address:				
Cell:		ר	Γext:	Yes No
Phone (Home):				
E-mail				
Emergency Contact Name:				
Phone:				
E-mail				
Allergies:				
Medical Issues:				
In case of an emergency, I give Lady of Fatima Staff/Catechist in the event I cannot be reached	to seek medic			
Photo Release: I give	Yes	Please complete registration	and	
permission for my child to be photographed/	No	return to the parish office:		
videotaped at Our Lady of Fatima. I also give		3307 W Dravus St. Seattle W	/A 98199	
permission for any photograph to be published in the newspaper, parish		or to Susan Burdett: SBURDETT@OLFATIMA.O	RG	
website or other publication for the purpose of information or education		Fees for materials: \$50/child \$75/family	or	

Sacramental Prep for 1st Reconciliation & 1st Eucharist: \$75

regarding programs at Our Lady of Fatima Parish.