

St. Sebastian Catholic Church
Faith Formation
EDGE Program – Grades: 6, 7 & 8
REGISTRATION 2015 – 2016

OFFICE USE ONLY
_____ Date Received

Cash: _____ Check: _____

PLEASE PRINT ALL INFORMATION:

Student Name: _____
(First) (Middle) (Last)

Address: _____
(# Street) (City) (State) (Zip)

Student resides with: (Circle which apply) **Father** **Mother** **Both** **Guardian** Age: _____

<u>Sacraments Received</u>	<u>Date</u>	<u>Name of Church, City and State</u>
_____ Baptism	____/____/____	_____
_____ Reconciliation	____/____/____	_____
_____ Eucharist	____/____/____	_____

Date of Birth: ____/____/____ City and State of Birth: _____

Completed Grade Level: _____ Name of school currently attending: _____

Was your child involved in Faith Formation last year at St. Sebastian? _____ Yes _____ No

What grades has your child participated in Faith Formation here at St. Sebastian?

Circle all that apply: Pre-K K 1 2 3 4 5 6 7 8

Was your child involved in Faith Formation in another parish? _____ Yes _____ No

If yes, Name, City, State of Parish: _____

Registering for EDGE Program 2015 – 2016 EDGE 6 _____ EDGE 7 _____ EDGE 8 _____

We are active, registered members of St. Sebastian. Year of Registration _____

Does your child have any allergies or other medical condition(s) we need to know of? _____

_____.

