

2010-2011 CHRISTIAN FORMATION REGISTRATION FORM
The Catholic Rectory • P.O. Box 99 • Brownville, NY 13615

CONTACT INFORMATION:

Mr / Mrs _____ Phone: _____ E-mail Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Father's name: _____ Phone : Work: _____ Cell: _____
 Mother's name: _____ Phone : Work: _____ Cell: _____
 Parish you are registered with: _____ RC Community of Brownville & Dexter _____ Other: _____

RETURNING STUDENTS: (Those who *did attend* our program last year:)

Child's First & Last Name:	School (B'ville or Dexter):	Grade:	Teacher's Name:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW STUDENTS (Those who *did not attend* our program last year:)

First & Last Name:	DOB:	School (B'ville or Dexter):	Grade & Teacher:	*Date & Place of Baptism:	Made 1st Communion? Yes / No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If your child was not baptized in our parish, please **send a copy of his/her baptismal certificate**.

HEALTH INFORMATION: Conditions / disabilities that we should be aware of and how we can help:

TRANSPORTATION HOME: The following people have permission to pick up my child(ren):

Name of Adult:	Relationship to child:	Street Address:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My child has permission to walk home after class. _____ Yes _____ No (select one)

_____	(Parent's Signature)	_____	(Printed Name)
_____		_____	For Office Use Only
REGISTRATION FEE: (If this is not within your means, please speak with Father)			
_____ X \$20.00 per child = _____			
# of children	Amount Due	Amount	Check #
			Date Received

Mail this form and your check (payable to RC Community of Brownville & Dexter) to the address above