

St. Nicholas Byzantine Catholic Church

Eastern Christian Formation Class Registration 2015-2016

Please Print

Child's Name First _____ Last _____

Age _____ Birthdate _____ Grade in School _____

Address _____ City _____

Parents' Names Mother First _____ Last _____ Cell _____

Father First _____ Last _____ Cell _____

Phone Number: Home _____

Who should be called in case of an Emergency?

Name First _____ Last _____ Number _____ Relationship _____

Sacraments Received:

	Date Received	Church
Baptism	_____	_____

Chrismation(Confirmation) _____

Holy Eucharist _____

Reconciliation(Confession) _____

Does your child have any allergies?

If so, please list, especially food allergies. _____

Is there anything we should know about your child to better understand him/her?

Comments: _____

{Please check}____ I give permission for my child to be photographed and pictures published on the St. Nicholas Web Site, Facebook Page and Church Newspaper

