

AFFIRMATION OF BAPTISM FAITH FORMATION REGISTRATION FORM

STUDENT'S NAME: _____

PARENT(S) NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE #: _____ Student cellphone #: _____

PARENT CELLPHONE(S) # _____

DATE OF BIRTH: _____ DATE OF BAPTISM: _____

SCHOOL: _____ GRADE: _____

HOME CONGREGATION: _____

PARENT E-MAIL ADDRESS: _____

STUDENT E-MAIL ADDRESS: _____

MEDICAL, LEARNING OR HEALTH ISSUES: _____

Parents, please indicate what you may be interested in helping with:

- Supply Snacks for events Work on service projects Mime or Dinner Theater
- Bake Sale Team Junktique Team Transporting kids
- Other: _____

Check the boxes of those things the student would like to receive more information about being involved

- in serving:
- acolyting reader in worship
 - processions in worship music _____ Neighbors in Need
 - Neighborhood Youth Alliance on Saturdays other _____

One Time Fee = \$30.00 due at Orientation Meeting