

ST. BONIFACE CATHOLIC CHURCH  
**FAITH FORMATION REGISTRATION FORM 2018/2019**

St. Boniface Catholic Church 912.754.7473  
 1952 GA HWY 21 South, Springfield, GA 31329

**Tuition due by October 1, 2018, payable in the Faith Formation office.**

Registration Fees: \$15 for one child \$25 for two children \$35 for three or more children

<b>OFFICE USE ONLY</b>	
Date Pd.	_____
Amt. Pd.	_____
Check#	_____
Cash	_____

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please circle the response to indicate whether your child has or has not received the sacraments listed. OK to list more than one child from the same family on one registration form

Student's Name	Grade	Date of Birth	Baptism	First Penance/Eucharist	Confirmation
1.			Yes/ No	Yes/ No	Yes/ No
2.			Yes/ No	Yes/ No	Yes/ No
3.			Yes/ No	Yes/ No	Yes/ No
4.			Yes/ No	Yes/ No	Yes/ No

If you are a new family, please include a copy of each child's Baptismal Certificate. Please list any information concerning allergies, medical issues, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
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