



# Saint Boniface Catholic Church Faith Formation 2022-2023 Registration Form

1952 GA Highway 21 South · Springfield, GA 31329 · (912) 754-7473 · DRE@sbcatholic.com

- Please complete one registration form per student.
- Early registration takes place through August 15, 2022. The early registration fee is \$25 per student. The registration fee after August 15, 2022 is \$50 per student. Financial assistance is available; please contact the DRE for details.
- Please return to the Parish Office, mail to the address above, or place in box in the parish hall entry.

## **Student Information:**

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

## **Parent/Guardian Information:**

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

Mother's Address: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

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

Father's Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

## **Sacrament Information**

<b>Sacrament</b>	<b>Yes/No</b>	<b>Name of Church</b>	<b>City/State</b>
<b>Baptism</b>			
<b>First Reconciliation</b>			
<b>First Holy Communion</b>			
<b>Confirmation</b>			

Please note that students must complete two consecutive years of Faith Formation prior to receiving a Sacrament. Parents also need to complete the appropriate Sacrament Form at the Open House. If the student was not Baptized at Saint Boniface, a copy of their Baptism certificate must be on file with the Faith Formation office by September 1.

*PLEASE COMPLETE REVERSE SIDE*

**Special/Medical Needs:**

Please list any special needs or medical needs/allergies.

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**Emergency Contact Information:**

In the event of an emergency, if the parents cannot be reached, please contact the following:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_