



FAITH FORMATION REGISTRATION FORM 2020/21
St. Boniface Catholic Church
 1952 Ga. Hwy. South, Springfield, GA 31329
 912.754.7473

OFFICE USE ONLY	
Date Pd.	_____
Amt. Pd.	_____
Check No.	_____
Cash	_____

Please mail registration fees to St. Boniface Faith Formation at the address above.
 Registration fees: \$15 for one child; \$25 for two children; \$35 for three or more children.
PLEASE PRINT LEGIBLY.

Child's Last Name: _____ First Name/s: _____

Mother's First Name: _____ Father's First Name: _____

Mother's Maiden Name: _____ Mother's Email: _____

Street Address _____

City: _____ Cell Phone: (Mother) _____

Cell Phone: (Father) _____ Father's 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

Please list any allergies, medical issues, etc.

IF YOU ARE NEW TO THE PARISH FAMILY, PLEASE:

- ❖ Provide the DRE with a copy of each child's baptismal certificate.
- ❖ Contact the parish office to complete a parish registration.