

# Crucifixion Church

Faith Formation Registration

423 S 2nd St., La Crescent, MN 55947

Term: 2023-2024

## FAMILY INFORMATION

Family Last Name: \_\_\_\_\_ Guardian Name (If Other) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father Cell/Work: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother Cell/Work: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Father Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Mother Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Emergency Contact Name/Phone: \_\_\_\_\_

## STUDENT #1 INFORMATION

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sacraments Needed? \_\_\_ Baptism \_\_\_ Reconciliation  
Student email (Grade 6 and up) \_\_\_\_\_ Eucharist \_\_\_ Confirmation  
Special Needs? (Medical, Learning, Physical, etc): \_\_\_\_\_

## STUDENT #2 INFORMATION

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sacraments Needed? \_\_\_ Baptism \_\_\_ Reconciliation  
Student email (Grade 6 and up) \_\_\_\_\_ Eucharist \_\_\_ Confirmation  
Special Needs? (Medical, Learning, Physical, etc): \_\_\_\_\_

## STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sacraments Needed? \_\_\_ Baptism \_\_\_ Reconciliation  
Student email (Grade 6 and up) \_\_\_\_\_ Eucharist \_\_\_ Confirmation  
Special Needs? (Medical, Learning, Physical, etc): \_\_\_\_\_

**NOTE: Any student preparing for a sacrament, who was not baptized at this parish, must supply us with a copy of their baptismal record.**

Office Use:

TUITION DUE: \$ \_\_\_\_\_ TUITION PAID: \$ \_\_\_\_\_ DATE: \_\_\_\_\_