

Please enter any considerations that may need special attention for your child in the NOTES line:

NOTES: _____

St. Fidelis - St. Ann - St. Boniface - Catholic Faith Education Enrollment Form

STUDENT NAME: _____
Last - -First - Middle

Male Female School District: _____

Mailing Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

Parish of Registration: _____

Sacraments received: Baptism Reconciliation Eucharist Confirmation

****If Sacraments were not received at Saint Fidelis, list the Parish and town where your child celebrated the Sacrament(s):**

Parish of Baptism: _____ City / State: _____

PARENT / GUARDIAN NAMES

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ Work Phone: _____

Mother's Name: _____ Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ Work Phone: _____

Office Use		
Grade	Year	Pd
K	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

Names of all children enrolled in Religious Education Program:

