



Quad-Parish Faith Formation Registration 2017-2018

936 9th Street Green Bay WI 54304 920-497-7042

Serving the Catholic Communities of Annunciation, St. Joseph, St. Jude & St. Patrick

Find Home, Hope & Holiness

Father's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>	Mother's Name: _____ <small style="display: inline-block; width: 30%; text-align: center;">First</small> <small style="display: inline-block; width: 30%; text-align: center;">Last</small>
Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 30%; text-align: center;">Zip</small>	Address: _____ <small style="display: inline-block; width: 30%; text-align: center;">City</small> <small style="display: inline-block; width: 30%; text-align: center;">Zip</small>
Phone: _____	Phone: _____
Occupation: _____	Occupation: _____
Marital Status: _____	Marital Status: _____
Religion: _____	Religion: _____
Email: _____	Email: _____
Email weekly RE newsletters & info to this address <input type="checkbox"/>	Email weekly RE newsletters & info to this address <input type="checkbox"/>

Mother's Maiden Name: _____

Parish Currently Registered at: _____

We are not registered with a parish but would like to register with (circle): Annunciation St. Joseph St. Jude St. Patrick

- *If your children are new to our program and were not baptized within the Quad-Parishes, please provide us with a copy of their baptismal certificate which will be kept in their file. (we will be glad to make a copy for you)*

Name (first/middle/last)	M/F	D.O.B.	School Name	Grade Fall 2017	Church of Baptism Church/city/state	✓ if received 1 st Communion

Describe any special needs, medication requirements, or allergies your children may have: _____

We have many volunteer opportunities in our Faith Formation Program. Sign up today or contact us for more info!

- _____ Help cook/serve the meal program
 _____ Baking/Snacks
 _____ Hall Monitor
 _____ Classroom Aide
 _____ Child Care for Special Events

*****PLEASE FILL OUT REVERSE SIDE*****