

# St. Alphonsus Youth Faith Formation Registration

502 Jackson Avenue, Ocean Springs, MS 39564

\$50.00 per family

## Student Information

**First Child's Name:** \_\_\_\_\_  
First Full Middle Last

Gender: \_\_\_ Female \_\_\_ Male Student's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Student's Present Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Second Child's Name:** \_\_\_\_\_  
First Full Middle Last

Gender: \_\_\_ Female \_\_\_ Male Student's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Student's Present Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Third Child's Name:** \_\_\_\_\_  
First Full Middle Last

Gender: \_\_\_ Female \_\_\_ Male Student's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Student's Present Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Fourth Child's Name:** \_\_\_\_\_  
First Full Middle Last

Gender: \_\_\_ Female \_\_\_ Male Student's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Student's Present Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

# Family Information

Families Home Parish: \_\_\_\_\_

Parents:

\_\_\_ Married and Living together    \_\_\_ Separated    \_\_\_ Divorced

\_\_\_ Single Parent    \_\_\_ Widow/Widower    \_\_\_ Remarried    \_\_\_ Guardian

**Father's Name:** \_\_\_\_\_  
(Biological/Legal)                      First                      Full Middle                      Last

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

Father's Religion: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(Biological/Legal)                      First                      Full Middle                      Maiden                      Last

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

Mother's Religion: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

## Sacraments

Please complete one for each child registering for faith formation and provide a copy of Baptism, Reconciliation, Communion and Confirmation Certificates for each child according to sacraments already received.

**Child's Name:** \_\_\_\_\_

### Baptism

Date of Baptism: \_\_\_\_\_

Church Baptized In: \_\_\_\_\_

Church Address of Baptism: \_\_\_\_\_  
Street City State

### Reconciliation

Date of Reconciliation: \_\_\_\_\_

Church of Reconciliation: \_\_\_\_\_

Church Address of Reconciliation: \_\_\_\_\_  
Street City State

### Holy Communion

Age at time of Reception of Communion: \_\_\_\_\_

Date of First Holy Communion: \_\_\_\_\_

Church of First Holy Communion: \_\_\_\_\_

Church Address of First Holy Communion: \_\_\_\_\_  
Street City State

### Confirmation

Date of Confirmation: \_\_\_\_\_

Church Confirmed In: \_\_\_\_\_

Church Address of Confirmation: \_\_\_\_\_  
Street City State

Saint Name for Confirmation: \_\_\_\_\_

Confirmation Sponsor's Name: \_\_\_\_\_  
Someone of the Catholic faith who would assist you on your spiritual journey.