

The Roman Catholic Churches of Uniontown
2020-21 AT-HOME FAITH FORMATION REGISTRATION FORM
(Formerly Tuesday Evening FF)
FOR GRADES KN through 5

Today's Date: _____

Please Print

Family's Last Name: _____

Address: _____

Home Parish: (Circle one) St. John the Evangelist St. Joseph St. Mary St. Therese
Other _____

Phone Numbers: (H) _____ (W) _____

Father's name: _____ Cell: _____

Mother's name _____ Cell: _____

***Email address:** _____

***Please check one of the following:** _____ new registration _____ returning registration

NAMES OF CHILDREN:

1) Name: _____ DOB: ___/___/___ sex: M / F
School: _____ Grade: _____
Health Information: _____

2) Name: _____ DOB: ___/___/___ sex: M / F
School: _____ Grade: _____
Health Information: _____

3) Name: _____ DOB: ___/___/___ sex: M / F
School: _____ Grade: _____
Health Information: _____

Parent Signature: _____

One Child-\$20.00 Two Children-\$35.00 Three or more children \$45.00
Office Use Only:
Date Received: _____ Paid: \$ _____ Check# _____ Cash _____ Not Paid _____
Make checks payable to St. Therese Church