

St. John Catholic Church

St. Mary Catholic Church

P.O. Box 57 Fayetteville, TX 78940

Faith Formation Program

Student Information

**Lexus Zika
Director of Faith Formation**

First Name Middle Name Last Name Date of Birth

Address _____

City _____ Zip _____

Parent's/Guardian's Names _____

Home Phone _____ Cell Phone _____ email _____

School attending _____ Grade Entering _____

Emergency Contact: _____ Phone: _____

Current Parish you are Registered Members at: _____

List any Special Needs (for example, physical restrictions, medication, and allergies)

Parent/Guardian Signature

Date

NEW STUDENTS ONLY

Complete the remaining information

Previous Parish _____

SACRAMENTS RECEIVED

Date Parish City, State

Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

PREVIOUS FAITH FORMATION COMPLETED

Circle Grades N PK K 1 2 3 4 5 6 7 8 9 10 11 12