

**SHRINE OF ST. PADRE PIO
FOUNDATIONS IN FAITH (FIF)
2018-2019**

REGISTRATION FORM



CONTACT INFORMATION

Parent Name: _____
 Address: _____
 Home Phone: _____ Cell: _____ E-mail _____

CHILD/TEEN INFORMATION: (Only list those who will be attending this program)

| Name (As is shown on Birth Certificate) | DOB mm/dd/yy | Place of Birth <i>(City, State, Country)</i> | Grade Level | School Attending | SACRAMENTS RECEIVED ** | | |
|---|-----------------|---|----------------|------------------|---------------------------|---------------------------|---------------------------|
| | | | | | Baptized | Communion | Confirmed |
| | | | | | Yes <input type="radio"/> | Yes <input type="radio"/> | Yes <input type="radio"/> |
| | | | | | No <input type="radio"/> | No <input type="radio"/> | No <input type="radio"/> |
| | | | | | Yes <input type="radio"/> | Yes <input type="radio"/> | Yes <input type="radio"/> |
| | | | | | No <input type="radio"/> | No <input type="radio"/> | No <input type="radio"/> |
| | | | | | Yes <input type="radio"/> | Yes <input type="radio"/> | Yes <input type="radio"/> |
| | | | | | No <input type="radio"/> | No <input type="radio"/> | No <input type="radio"/> |

***IF YOU ANSWERED "YES" TO ANY OF THE SACRAMENTS ABOVE YOU MUST SUBMIT COPIES OF CERTIFICATES TO THE OFFICE AS SOON AS POSSIBLE**

| PROGRAM FEES: | ***FOR OFFICE USE ONLY*** |
|---------------------------------|---|
| 1 CHILD _____ \$60 | ARE YOU WILLING TO BE A CATECHIST? PLEASE CHECK HERE <input type="checkbox"/> |
| 2 CHILDREN _____ \$100 | CASH _____ |
| 3 CHILDREN _____ \$120 | CHECK # _____ |
| 4 CHILDREN _____ \$130 | DATE RECEIVED _____ |
| (10-23-18) LATE FEES _____ \$10 | INITIALS _____ |
| GRAND TOTAL _____ | |
