

Year: _____

Amount Paid _____

FAITH FORMATION PROGRAM
MOUNT CALVARY CATHOLIC CHURCH
FORESTVILLE, MD 20747-3236

Student's

Name: _____

(Please Print) Last First Middle

Address: _____

Zip Code _____

Telephone: (H) _____ (W) _____ (C) _____

E-Mail _____ Date of Birth _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

(Include Maiden Name)

Registered at Mount Calvary Catholic Church? Yes _____ No _____

Student Information:

Baptism: _____

(Name of Church)

(City & State)

Please provide a copy of the Baptismal Certificate

Other Sacraments: Has your child received the following sacraments in the Catholic Church

First Reconciliation Yes _____ No _____

First Eucharist Yes _____ No _____

Confirmation Yes _____ No _____

Have you attended Religion Classes before? Yes _____ No _____

At what Church?

Name of the School now attending: _____ Grade: _____

Does your child have any health problems?

Is your child allergic to anything?

Is your child taking any medication on a regular basis?

Please complete one registration form for each child. There is a \$100.00 fee per family which is due at the time of registration. If you have any questions contact Cathy Ann Ziegler, Director at 301-735-5262 Ext. 17