

St. Thomas Syro Malabar Church, West Hartford

30 Echo Lane, West Hartford CT 06107

Faith Formation Registration Form 2019-2020

List all the Students in Faith Formation from the Same Family

Student Name (Full Official Name)	Date of Birth MM/DD/YYYY	School Grade	First Communion Done? (Y/N)	Confirmation Done? (Y/N)

Details of Parents

	Father	Mother
Name		
Phone		
Email		

Address: _____

Emergency Contact During Faith Formation Classes, If Different from Parents

Name	Phone	Relation

Registration Fee is \$40 for the First Child & \$35 for each child from the Same Family.

Note: No child will be denied admission for financial reasons.

Amount Paid: \$_____ (Cash/Check) Check Number: _____

Parent Signature: _____ Name: _____

Date: _____