

**ST. MARTIN de PORRES R.C. CHURCH  
FAITH FORMATION PROGRAM**

583 Throop Avenue  
Brooklyn, NY 11216

**REGISTRATION FORM:**

STUDENT: \_\_\_\_\_  
Last Name First Middle

ADDRESS: \_\_\_\_\_  
No. Street City/State Apt. Zip

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
mm/dd/yyyy

HOME PHONE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ Email: \_\_\_\_\_

FATHER: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER: \_\_\_\_\_ Maiden name: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CHURCH ATTENDED: Our Lady of Victory  St. Peter Claver  Holy Rosary

**SACRAMENTS:**

CHURCH BAPTISED: \_\_\_\_\_  
State/City/ Country

BAPTISM CERTIFICATE ON FILE: YES  / NO

1<sup>ST</sup> Communion date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation date: \_\_\_\_\_ Church: \_\_\_\_\_

Previous Religious Instruction YES  / NO

FORMER PARISH: \_\_\_\_\_ YRS. ATTENDED \_\_\_\_\_

Grade child will be in this current school year: \_\_\_\_\_

School child will attend this current school year: \_\_\_\_\_

**PARENT'S PARTICIPATION:**

As a parent I realize that I am the primary religious educator of my child. Realizing this, I will try to be as supportive to the Program as possible by :

- 1) Spending some time (at least one hour) each week reviewing the lesson with my child
- 2) Attending Parent meetings held during the year.

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Parent / Guardian Signature

<b>FOR OFFICE USE ONLY</b>				
Registration Date _____	Registration Fee	PIF _____	Cash <input type="checkbox"/> _____	Check <input type="checkbox"/> _____
Class assigned _____	Teacher _____	Partial Fee <input type="checkbox"/> _____	Balance Due: _____	