

Family Last Name: _____

New Registration? - Please attach a Parish Registration Form with this Formation Form
By signing the line below you are officially registering your child(ren) for Faith Formation at St. Luke University Parish, and are giving us permission to use their image in Parish promotions through print and media.

Are you willing to help supervise? Yes

Have you or a member of your household participated in the Safeguarding God's Children Program? Y ___ N ___

Number of Children Registering - listed below and back of this sheet _____

Parent/Guardian Signature _____ Date: _____

_____	Grade? _____	Student 1
First Name of child being registered	Are they a returning student? Y ___ N ___	
Emergency Contact: _____		
name/relationship number (Cell, Work, Home, Other)		
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:		

_____	Grade? _____	Student 2
First Name of child being registered	Are they a returning student? Y ___ N ___	
Emergency Contact: _____		
name/relationship number (Cell, Work, Home, Other)		
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:		

_____	Grade? _____	Student 3
First Name of child being registered	Are they a returning student? Y ___ N ___	
Emergency Contact: _____		
name/relationship number (Cell, Work, Home, Other)		
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:		

***If you are registering more than 3 children,
please continue on page 2***

Please Note: If any of your children are participating in a Sacramental Program and were baptized outside of this parish, and you have not already supplied us with a copy of their baptismal certificate, you need to supply a copy for our files as soon as possible.

Tuition Due: _____ Tuition Paid: _____

_____ Grade? ____ Student 4
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:

_____ Grade? ____ Student 5
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:

_____ Grade? ____ Student 6
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:

_____ Grade? ____ Student 7
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:

_____ Grade? ____ Student 8
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of:

_____ Grade? ____ Student 9
First Name of child being registered Are they a returning student? Y___ N___
Emergency Contact: _____
name/relationship number (Cell, Work, Home, Other)
Please describe any special needs or conditions (physical, medical, etc.) for this person that we should be aware of: