

Saint Pascal Parish Family-Centered Catechesis Program

Family Registration Form

Family Last Name: _____

Parent's(s')/Guardian's(s') Name(s): _____

Address: _____

City, State, Zip: _____

Telephone Number (with Area Code): _____

E-mail Address: _____

Name of Child (First and Last)	Birth Date	Grade	School
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Session Day (please circle one)

Monday

Saturday