

ST. LAWRENCE THE MARTYR R.C. CHURCH  
Office of Faith Formation REGISTRATION FORM

REGISTRATION DUE BY SEPTEMBER 1, 2025

**PLEASE READ & CHECK THE FOLLOWING 2 BOXES, THEN SIGN ON THE LINE PROVIDED:**

- Yes, I would like my child(ren) to continue attending weekly classes in St. Lawrence Church's Faith Formation Program for the 2025-26 school year.**
- If my child contracts Covid-19, I will notify the Office of Faith Formation immediately.**

\_\_\_\_\_  
Parent/Guardian's Signature

Address \_\_\_\_\_ Primary \_\_\_\_\_  
Tel. # \_\_\_\_\_

E-mail \_\_\_\_\_ Has it changed within the past year? \_\_\_\_\_

Please print clearly

Child's <b>Full</b> Name (first, middle, last)	Grade in '25-'26
Child 1	
Child 2	
Child 3	

\_\_\_\_\_ Please check here if any of the information you provided on last year's registration has changed such as name, parents' marital status, address, home/cell tel. numbers, emergency contact, or e-mail address. If so, please provide us with the updated information on the lines provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it your preference that your child remains with the same teacher/class as last year? \_\_\_\_\_  
(We will contact you if we are unable to accommodate this request).

Are there any circumstances that we should be aware of when placing your child in a class (custody issues, special needs/learning disabilities, anxieties, allergies.....)? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**PLEASE ENCLOSE THE REGISTRATION FEE ALONG WITH THIS REGISTRATION FORM – SEE ENCLOSED TUITION SCHEDULE. THANK YOU!**

For office use only.  Pd. _____ Amt. _____
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