

St. Cecilia's Faith Formation 2009-10 Registration for Kindergarten-Adult Formation

Family **Last** Name(s): _____

Address: _____

City/State/zip: _____

Phone Number(s): _____

All participants' names, please indicate adult, youth or child and grade in school

Email(s): Please include emails for youth 6- 12th grade so that they can receive information about youth events and activities on line.

Name (Adult/Youth/Child)	Age/Grade	Email

If you or any member of your household will be preparing for or wants to receive a sacrament(s) at St. Cecilia's this year, please fill in what sacrament(s) you wish to be contacted about (Reconciliation, Eucharist, Confirmation, RCIA)

Name (Adult/Youth/Child)	Age/Grade	Sacrament