

Santo Christo Parish  
185 Canal Street  
Fall River, Massachusetts 02721

Faith Formation Office Telephone: 508-675-3007  
E-mail: [faithformation@santochristo.com](mailto:faithformation@santochristo.com)  
Rectory Telephone: 508-676-1184  
Website: [www.santochristo.com](http://www.santochristo.com)

*“Leading all to the Eucharist.”*



**FAITH FORMATION CLASSES  
REGISTRATION 2025-2026**

**PLEASE PRINT CLEARLY**

**[If child is transferring from another parish, a letter stating the last grade attended must be included with registration]**

**REGISTERING FOR GRADE: \_\_\_\_\_**

E-MAIL: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle Name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. #s, HOME/CELL: \_\_\_\_\_ Child's Sex:  M  F

Date of Birth        /        /        Place Of Birth \_\_\_\_\_  
**YEAR MONTH DAY** COUNTRY

Date of Baptism        /        /        Church of Baptism \_\_\_\_\_  
**YEAR MONTH DAY** NAME OF CHURCH

Where is this church? \_\_\_\_\_  
CITY STATE COUNTRY

**BAPTISM CERTIFICATE MUST BE PRESENTED IN ORDER TO REGISTER**

Has child received First Holy Communion? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, name of church & city: \_\_\_\_\_

Date of First Communion: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_

Does child attend Catholic School? \_\_\_\_\_ If yes \_\_\_\_\_  
NAME OF SCHOOL CITY / STATE

Does child have a learning disability? \_\_\_\_\_ If YES, please explain here.

Father's Name: \_\_\_\_\_

Mother's Name (First & Maiden) \_\_\_\_\_

Parent's Marital Status:  Married  Single  Separated  Divorced

If Separated or Divorced, with whom does child live? \_\_\_\_\_

Who will be responsible for bringing child to faith formation classes? \_\_\_\_\_

**FOR OFFICE USE ONLY**

**FAMILY ID#:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**ROOM:** \_\_\_\_\_

**TIME :** \_\_\_\_\_