

Santo Christo Parish
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Fall River, Massachusetts 02721

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“Leading all to the Eucharist.”



**FAITH FORMATION CLASSES
REGISTRATION 2023-2024**

PLEASE PRINT CLEARLY

[If child is transferring from another parish, please provide a letter stating the last grade attended.]

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

“MUST” PRESENT BAPTISM CERTIFICATE 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 : _____