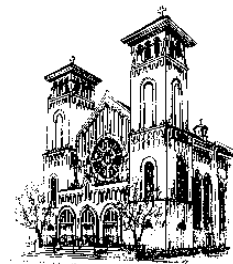




St. Pius X – Visitation Parishes

Pennsylvania Charitable Trusts
740 W. Walnut Street
Mt. Pleasant, PA 15666
724-547-1911

www.mpcatholicchurches.org



ELEMENTARY (K-5) FAITH FORMATION REGISTRATION FORM

Family Information

Today's Date: _____

Last Name: _____ Phone: _____

Address: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Our family is registered at: _____ Visitation _____ St. Pius X _____ Other _____

Family email address: _____

Additional email: _____

Children attended programming last year: Yes ___ No ___ Where? _____

Participant Information (Include last name if different from family name.)

Sacraments Received (indicate with an X)

Name	Birth Date	Grade

Baptism	Confession	Communion	Confirmation

In case of emergency, contact: Name _____ Phone _____

Name _____ Phone _____

Please list any special circumstances (health, learning, family) that the leaders should be aware of:

*I grant permission to publish a photograph of my child on Diocesan/Parish websites (including group photos).
Please initial – Y ___ N ___*

Registration fee is \$20 for first child, \$15 for second child, \$10 for third child. No fee beyond 3rd child.

Paid Cas h Check Check number _____