

REGISTRATION

**Family Faith Sharing Program 2009-2010
Sacrament Registration
For students not enrolled in FFS classes**

Family Last Name: _____ Home Phone: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____ SJF Membership # _____

Parents: Father's Name: _____ Cell Phone: _____ Work phone: _____

Mother's Name: _____ Cell Phone: _____ Work phone: _____

Student's First and Last Name	M/F	Birthdate	Grade in 2009-2010	Special Needs
1. _____ Sacrament _____	_____	_____	_____	_____
2. _____ Sacrament _____	_____	_____	_____	_____
3. _____ Sacrament _____	_____	_____	_____	_____

Material Fees:

First Eucharist Fee: \$30.00

Reconciliation Fee: \$30.00

Confirmation Fee: \$50.00 (For one-day Confirmation Retreat and Materials)

For office use:

Amount due: _____

Amount paid: _____

Date: _____

Check #: _____

Receipt sent _____