

Catholic Parishes of Crawford County Faith Formation Registration Sheet



Pre-School – Grade 8
Wednesday Evenings 5:3 -6:30 p.m.

Date _____

Parent Information:

First Name: _____ Last Name: _____

Address 1: _____

Email: _____

Home Number: _____ Cell Number: _____

Home Parish: _____

Emergency Contact:

First Name: _____ Last Name: _____

Emergency Phone 1: _____

Emergency Phone 2: _____

Alternate Pickups:

Name: _____ Phone _____

Name: _____ Phone _____

Parent Signature _____ Date _____

Student 1 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism yes no

Reconciliation yes no

Eucharist yes no

Medical Issues or Special Needs:

Student 2 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism yes no

Reconciliation yes no

Eucharist yes no

Medical Issues or Special Needs:

Student 3 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism yes no

Reconciliation yes no

Eucharist yes no

Medical Issues or Special Needs:

Student 4 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism	yes	no
Reconciliation	yes	no
Eucharist	yes	no

Medical Issues or Special Needs:

Student 5 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism	yes	no
Reconciliation	yes	no
Eucharist	yes	no

Medical Issues or Special Needs:

Student 6 Information

First Name: _____ Last Name: _____

Nickname: _____ Gender: M or F

Grade going into in the fall: _____ Date of Birth: _____

Sacraments received:

Baptism	yes	no
Reconciliation	yes	no
Eucharist	yes	no

Medical Issues or Special Needs:

Medical Release:

I give my permission for the to administer basic first aid to my child (named above) in the event of an injury. I understand that the Totus Tuus staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

General Information:

Photo Release:

I hereby grant the above named parish permission to copyright and use photographs/videos taken at Totus Tuus of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend:

I give permission for my child/ children (named above) to attend the Faith Fomation Program for the school year of 2025- 2026.