



# FAITH FORMATION

Family Registration  
202 South Union Street  
Olean, NY 14760  
(716) 372-4841 ext. 117

Family Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## FOR STUDENTS PREVIOUSLY REGISTERED:

STUDENT'S NAME	GRADE IN SEPTEMBER	REGISTRATION \$30/STUDENT

Use back for additional students information.

## FOR STUDENTS NEW TO THE RELIGIOUS EDUCATION PROGRAM:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism:

\_\_\_ No \_\_\_ Yes- Church: \_\_\_\_\_ City/ State: \_\_\_\_\_

First Penance:

\_\_\_ No \_\_\_ Yes – Church: \_\_\_\_\_ City/ State: \_\_\_\_\_

First Communion:

\_\_\_ No \_\_\_ Yes – Church: \_\_\_\_\_ City/ State: \_\_\_\_\_

Confirmation:

\_\_\_ No \_\_\_ Yes – Church: \_\_\_\_\_ City/ State: \_\_\_\_\_

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