ST. LAWRENCE THE MARTYR R.C. CHURCH
Office of Faith Formation REGISTRATION FORM

REGISTRATION DUE BY SEPTEMBER 1, 2026

PLEASE READ & CHECK THE FOLLOWING BOX, THEN SIGN ON THE LINE PROVIDED:

☐ **Yes, I would like my child(ren) to continue attending weekly classes in St. Lawrence Church's Faith Formation Program for the 2026-27 school year.**

_____
Parent/Guardian's Signature

Primary
Address_____ Tel. #_____

E-mail_____Has it changed within the past year?_____
Please print clearly

Child's **Full** Name (first, middle, last)	Grade in '26-'27
Child 1	
Child 2	
Child 3	

_____Please check here if any of the information you provided on last year's registration has changed such as name, parents' marital status, address, home/cell tel. numbers, emergency contact, or e-mail address. If so, please provide us with the updated information on the lines provided.

_____

_____

_____

Is it your preference that your child remains with the same teacher/class as last year? _____
(We will contact you if we are unable to accommodate this request).

Are there any circumstances that we should be aware of when placing your child in a class (custody issues, special needs/learning disabilities, anxieties…..)? If yes, please explain_____

_____

PLEASE ENCLOSE THE REGISTRATION FEE ALONG WITH THIS REGISTRATION FORM – SEE ENCLOSED TUITION SCHEDULE. THANK YOU!

For office use only.

Pd._____ Amt._____