



TEEN SEEKERS OF FAITH

**Classes each Wednesday from
7:00pm-8:30pm**

**Registration Form
2024-2025 Academic Year**

Teen's Name: _____

Address: _____

City/State/Zip: _____

Teen's Birth Date: _____ City of Birth: _____

Home Phone: _____ Teen's Cell Phone: _____

Teen's Email Address: _____

Name/City of School: _____

Check appropriate grade/year: 8Grade Freshman Sophomore Junior Senior

Any Allergies? _____

Name of Home Parish: _____

FAMILY INFORMATION

Mother's Name: _____

Mother's Email Address: _____

Mother's Cell Phone: _____

Only if different from teen's:

Address: _____

Father's Name: _____

Father's Email Address: _____

Father's Cell Phone: _____

Only if different from teen's:

Address: _____

SACRAMENT INFORMATION (*Must include copies of sacramental certificates*)

Baptism:

Name of Church/City/State _____

Godparent Names: _____

Date: _____ **Copy of Certificate must be on file.**

First Reconciliation:

Name of Church/City/State _____

Date: _____

First Eucharist (Communion):

Name of Church/City/State _____

Date: _____

For Office Use Only:

Beginning Date: _____

Proposed End Date: _____

Record of Attendance:

Attendance: Present _____ / _____ Sessions