

St. Pius X Parish  
FAITH FORMATION  
4300 S. Oak Park Ave  
Stickney, IL 60402

<b>OFFICE USE ONLY</b> Date of Registration: _____ New ____ Returning____  Registered Children: _____ GRADE(S) _____ SACRAMENT _____ SACRAMENT _____
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REGISTRATION FORM 2020 - 2021

**Child's Name:** \_\_\_\_\_

FIRST MIDDLE LAST

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

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

Child's Birth Date: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Name/City of Public School: \_\_\_\_\_

Grade in September of 2020: \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's Name:** \_\_\_\_\_

FIRST MIDDLE LAST MAIDEN

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Religion: \_\_\_\_\_

**Only if different from child's address:**

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

Phone: (\_\_\_\_) \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

FIRST MIDDLE LAST

Work Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/Cellular Phone: (\_\_\_\_) \_\_\_\_\_ Religion: \_\_\_\_\_

**Only if different from child's address:**

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

Phone: (\_\_\_\_) \_\_\_\_\_

Does your child have any special needs, e.g. medication, allergies?

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Is your child enrolled in special education classes? Have a learning disability or physical handicap? If yes, please explain.

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Are there any special family circumstances that we should know, e.g. parents are divorced / separated, the child lives with someone other than the natural parent? (Please see policies for further information.)

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**IF YOU** cannot be reached in an emergency, whom can we contact?

\_\_\_\_\_  
Name Phone Number **INCLUDING** area code

**Relationship to child:** \_\_\_\_\_

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### **SACRAMENT INFORMATION**

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**Baptism:** Name of Church/City/State \_\_\_\_\_

Copy of certificate must be on file in the Faith Formation Office

Certificate not needed if child was baptized at St. Pius X.

**First Reconciliation:** Name of Church/City/State \_\_\_\_\_

Date: \_\_\_\_\_

**First Eucharist:** Name of Church/City/State \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation:** Name of Church/City/State \_\_\_\_\_

Date: \_\_\_\_\_