



FAITH FORMATION
St. Jude Catholic Church
2025-2026

FOR OFFICE USE ONLY

___ My Child(ren) will attend classes
___ My Child(ren) will be Home-Schooled

Classes are held on Sunday from 5:15-7:00pm.

Family Name: _____

Please note child's last name if different.

Child's:

Has Received:

First Name	Sex	Birthdate	Grade	School		Baptism	Reconciliation	Communion	Confirmation

Special Needs/Comments/Special Circumstances (physical, emotional, learning disabilities, etc.):

Child Lives with: Father and Mother _____ Other _____

Father _____ Mother _____

To whom should we send mailings: Both _____ Father _____ Mother _____

*****PRIMARY PHONE NUMBER CONTACT DURING SUNDAY CLASS TIME*****

Parental Information:

Father's Name _____

Address _____

City/State/Zip _____

Email Address (please print CLEARLY) _____

Home Phone _____ Cell Phone _____

Religion _____ Parish Where Registered _____

Mother's Name _____

Address (if different from above) _____

City/State/Zip _____

Email Address (if different from above) _____

Home Phone _____ Cell Phone _____

Religion _____ Parish Where Registered _____

Emergency Contact (Other than parent in event that a parent cannot be reached):

Name _____

Telephone _____ Relationship to Participant _____

Please return this form along with the registration fee of \$85 to the Parish Office.