



**ST. JOHN THE BAPTIST CATHOLIC CHURCH
CHRISTIAN FORMATION OF YOUTH
CHILD'S PERMANENT RECORD**

Child's full name _____
(First) (Middle) (Last)

Complete Home Address _____

Complete Mailing Address _____

Email Address _____ Phone _____

School attending _____ Grade _____

Date entering St. John the Baptist _____ Grade _____

Birthdate _____ City/State of Birth _____

Sacrament	Date of	Church	City/State
Baptism			
First Reconciliation			
First Eucharist			
Confirmation			

Father's name _____ Cell Phone _____

Father's Religion _____ Practicing Yes No

Mother's name _____ Cell Phone _____

Mother's Religion _____ Practicing Yes No

Are parents separated, divorced, or deceased? _____

Does the child live with someone other than the natural parents? Yes No

If yes, please specify with whom _____

Any special comments or instructions we should be aware of regarding Medical, Physical,
Psychological, etc. _____

Emergency Contact _____ Phone _____

Date Completed _____