

Queen of Angels Catholic Church

2569 W Victoria Drive • Alpine, CA 91901 • Office: (619) 445-2145 • Fax: (619) 445-9682

FAITH FORMATION REGISTRATION

New or Returning: _____ '22-'23 Class: _____

Full Name: _____

DOB: _____ Age: _____

School: _____ '22-'23 Grade: _____

Home Parish: _____ Years at Parish (approximate): _____

Family Registered: Yes No

Received 1st Communion: Yes No

Baptized: Yes No

Baptism Certificate on File: Yes No

Medical Information / Allergies / Medications: _____

Educational Needs: _____

Father: _____

Mother (Maiden): _____

Address: _____

City: _____ Zip Code: _____

Best Phone Number Contact: _____

Best Email Contact: _____

Emergency Contact - Name, Relationship to Child, Phone Number: _____

Authorized Persons to pick up your Child - Name, Relationship to Child, Phone Number: _____

Parent Signature: _____

Date: _____

