

Family Christian Formation Registration

Mail, Email (church@transfig.org), or Bring in September 1

Father's Name _____ Birthdate _____ Email _____ cell: _____

Mother's Name _____ Birthdate _____ Email _____ cell: _____

Family address: _____

Home phone: _____

Stepparent information:



Christian Formation

Child #1 _____ Birthdate _____ Age _____ Grade _____ School _____

Email _____ cell: _____ Allergies _____

Check all that apply:

_____ Sunday school _____ Acolyte _____ Lector _____ Usher _____ Needs confirmation

_____ Youth Group (grades 6-12)*

Child #2 _____ Birthdate _____ Age _____ Grade _____ School _____

Email _____ cell: _____ Allergies _____

Check all that apply:

_____ Sunday school _____ Acolyte _____ Lector _____ Usher _____ Needs confirmation

_____ Youth Group (grades 6-12)*

Child #3 _____ Birthdate _____ Age _____ Grade _____ School _____

Email _____ cell: _____ Allergies _____

Check all that apply:

_____ Sunday school _____ Acolyte _____ Lector _____ Usher _____ Needs confirmation

_____ Youth Group (grades 6-12)*

Child #4 _____ Birthdate _____ Age _____ Grade _____ School _____

Email _____ cell: _____ Allergies _____

Check all that apply:

_____ Sunday school _____ Acolyte _____ Lector _____ Usher _____ Needs confirmation

_____ Youth Group (grades 6-12)*