

LYNN CATHOLIC COLLABORATIVE SACRED HEART AND ST. MARY'S CHURCHES CHILDREN'S FAITH FORMATION



Family Name: _____

Address: _____
(street) (city) (zip code)

Home Phone: _____ Cell: _____

Father's Name: _____
(first) (last)

Mother's Name: _____
(first) (maiden) (last)

Email address: _____

Please complete the information below for each child in grades 1-12.

Child's Name: _____

Date of Birth: _____ Grade in School: _____

Special Needs? Allergies?: _____

Date of Baptism: _____ Place of Baptism: _____

Sacraments: First Penance: ____ First Communion: ____ Confirmation: ____
(Please check all that the child has received)

Space to register additional children on reverse.

**Children's Faith Formation Fee: \$50.00 per family. Cash or Check.
Please make checks payable to Sacred Heart or St. Mary's.
If possible, please include payment at time of registration.**

**Please put completed forms in the collection basket or mail it to the
Collaborative Offices at : 8 S. Common Street Lynn, MA 01902.**

**Questions? Please contact Chris Carmody at
ccarmody@lynnatholic.org or (781) 598-4907.**

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