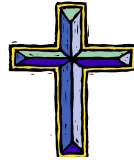


1925 Route 82
LaGrangeville, NY 12540



Phone: (845) 227-1710 x3
Fax: (845) 592-2680
sktfaithform@optonline.net

ADDITIONAL CHILD REGISTRATION FORM

Date: _____

Head of Household: _____
First Middle Last

Child's Name: _____
First Middle Last

Date of Birth: _____
Mm/dd/yy

Public/private school attending this September: _____

Public/private school grade this September: _____

Faith Formation grade this September: _____

Any special needs or disabilities? _____ If yes, please complete *Special Needs Information Form* and attach.

PLEASE NOTE:

- A. **A copy of your child's Baptismal Certificate must be received before Username and Password are given..** (We can make a copy of your original for you.)
- B. If child is beyond first grade, a **transcript of prior religious education** and any additional **sacrament records** are also required.
- C. The extra tuition for the additional child is \$35 if he or she is the second child, and \$15 if he or she is the third child in our Faith Formation Program.
- D. Copies of required records may be faxed from your former parish to our office. Our fax number is 845-592-2680.
- E. Unless informed otherwise, it is assumed that your child's emergency contact and physician are the same as for your other children.

Office use only: **Baptismal certificate received:** _____ **Paid:** _____