

St. Rafka Maronite Catholic Church

RELIGIOUS FORMATION APPLICATION

PLEASE PRINT CLEARLY AND LEGIBLY

STUDENT'S FULL NAME:	DATE OF BIRTH: / /
FATHER'S NAME:	PHONE NUMBER (S):
MOTHER'S NAME:	E-MAIL (S):
ADDRESS	
CURRENT SCHOOL ATTENDING:	SCHOOL GRADE:
CHURCH & CITY OF BAPTISM:	
FIRST COMMUNION:	
☐ YES	
☐ NO	

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LET US KNOW WHAT INTERESTS YOU MAY HAVE:

READING EPISTLES IN CHURCH ☐	ALTAR BOY SERVING ☐
CHOIR TRAINING ☐	PLAY A MUSICAL INSTRUMENT _____

Other Interests: _____

EMERGENCY CONTACT:

Who should we contact during Religious Education time in case of an emergency?

CONTACT NAME: _____

CONTACT NUMBER: _____

Does the student have any allergies, or diet restriction?

ALLERGIES: _____