

# Faith Formation Registration

Term: 2026-2027

453 S. Main Street, PO Box 280  
Amherst, WI 54406

Our family is a registered members of: (circle one) Date:

St. James

St. Mary of Mt. Carmel

Other: \_\_\_\_\_

## Family Information:

\*Family Last Name: \_\_\_\_\_

\*Family Address (where the children reside): \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

\*Primary Phone number: \_\_\_\_\_

\*Are both parents Catholic?      Yes      No

## Father's Full Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Address (if different from where the children reside): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Father's cell / work #: \_\_\_\_\_

Father's email address: \_\_\_\_\_

## Mother's Full Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Address (if different from where the children reside): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Mother's cell / work #: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Student #1

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:     Male             Female

Catholic?   Yes             No

Sacramental Details:

Baptism             Date: \_\_\_\_\_

Reconciliation     Date: \_\_\_\_\_

Eucharist           Date: \_\_\_\_\_

Confirmation        Date: \_\_\_\_\_

Grade in school: \_\_\_\_\_

What school does your child attend?

Amherst public school   Catholic school    Other: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

\_\_\_\_\_

## Student #2

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:     Male             Female

Catholic?   Yes             No

Sacramental Details:

Baptism             Date: \_\_\_\_\_

Reconciliation     Date: \_\_\_\_\_

Eucharist           Date: \_\_\_\_\_

Confirmation        Date: \_\_\_\_\_

Grade in school: \_\_\_\_\_

What school does your child attend?

Amherst public school   Catholic school    Other: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

\_\_\_\_\_

### Student #3

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:     Male            Female

Catholic?   Yes            No

Sacramental Details:

Baptism                    Date: \_\_\_\_\_

Reconciliation            Date: \_\_\_\_\_

Eucharist                  Date: \_\_\_\_\_

Confirmation              Date: \_\_\_\_\_

Grade in school: \_\_\_\_\_

What school does your child attend?

Amherst public school    Catholic school    Other: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

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### Student #4

Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:     Male            Female

Catholic?   Yes            No

Sacramental Details:

Baptism                    Date: \_\_\_\_\_

Reconciliation            Date: \_\_\_\_\_

Eucharist                  Date: \_\_\_\_\_

Confirmation              Date: \_\_\_\_\_

Grade in school: \_\_\_\_\_

What school does your child attend?

Amherst public school    Catholic school    Other: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

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## Student #5

Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:     Male            Female

Catholic?   Yes            No

Sacramental Details:

Baptism                    Date: \_\_\_\_\_

Reconciliation            Date: \_\_\_\_\_

Eucharist                 Date: \_\_\_\_\_

Confirmation              Date: \_\_\_\_\_

Grade in school: \_\_\_\_\_

What school does your child attend?

Amherst public school    Catholic school    Other: \_\_\_\_\_

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc.):

\_\_\_\_\_