## LOWER ALLEGHENY FAITH FORMATION REGISTRATION FORM – GRADES K – 8 2019-2020

FAMILY LAST NAME		C	ELL PHONE MOM	CELL PHONE DAD		HOME PHONE
ADDRESS			ZIP		MARITAL STAT	JS
FATHER'S NAMERELIGION		MOTHER'S NAME /MAIDEN			RELIGION	
E-MAIL ADDRESS MOM					Maiden 	
BAPTISMAL NAME OF STUDENT	BIRTHDATE	M/F	SCHOOL ATTENDING Fall 2019	GRADE ENTERING Fall 2019	CCD SESSION PREFERRED* (see below)	BAPTISM INFORMATION (CHURCH & YEAR)
I can serve as CATECHIS DISMISSAL MONITOR						
SESSION AT ST.SCHOLASTICA SESSIONS AT ST. JOSEPH:	<b>A.</b> ) K-8 <sup>th</sup> G <b>B.)</b> K – 4 <sup>TI</sup>	GRADE SU	JNDAY 10:30 AM – 11:45 A	M @ St. Scho PM <b>C.)</b> 5 <sup>TH</sup> – 8	olastica <sup>™</sup> GRADE MONDA	Y 6:15 PM – 7:45 PM @ St. Joseph
E) INVOLVED IN A HOME STUDY PR	OGRAM	NAME	OF TEACHER			_
Are you a registered member of LAV Gro	ouping (check o	ne) St. Jo	osephSt. Scho	olastica	Juan Diego	Padre Pio
If NO, name of Parish						
Please explain if there are any medical	or educational s	ituations t	that should be brought to our			learning style, learning disability, etc.)
In case of illness, when neither parent of	can be contacte	d, what fri	end, neighbor, or relative wo	•	0 , 0 , 1	3 · 3 · 3 · 3 · · · · · · · · · · · · ·
Name	Phone	e	PARENT SIG	SNATURE		
Donation: Parishioner (Scholarships			\$60.00 per child, \$200.00 mas payable to St. Joseph O'F			Check