



**Office of Faith Formation**  
**Epiphany of Our Lord & St. Sebastian Parishes**  
 801 Broad Avenue, Belle Vernon  
 724-929-9300  
 smartin@dioceseofgreensburg.org



## 2019-20 Faith Formation Registration

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

### FAMILY INFORMATION

We are registered members of     Saint Sebastian     Epiphany of Our Lord     Other \_\_\_\_\_

**Father:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

**Mother:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Religion \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Child(ren) reside with \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred means of reminder:     Email                       Cell Phone

Reminder Email: \_\_\_\_\_

Reminder Cell: \_\_\_\_\_

Family Notes: (any additional information you think we need to serve you better)

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*Individual child information is on the BACK of this sheet!*

**Kindergarten & NEW students not baptized at St. Sebastian or Epiphany**  
**MUST provide a copy of their Baptismal Certificate.**

**CLASSES BEGIN SEPTEMBER 16, 2019**

**6:15 PM – 7:30 PM in the St. Sebastian Hall**

***IMPORTANT! – REGISTRATION MUST BE ON FILE***

**PAYMENT CAN BE MADE ON 1<sup>ST</sup> DAY OF CLASS.**

**If same information is being repeated, just mark SAME in the appropriate block.**

**FIRST CHILD** (circle - Boy/Girl )

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Nickname** \_\_\_\_\_ **Birthday MM/DD/YY** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**School** \_\_\_\_\_ **Grade in School** \_\_\_\_\_

**Disabilities, allergies, health issues,** \_\_\_\_\_

My child was baptized at:  Saint Sebastian  Epiphany of Our Lord  Other \_\_\_\_\_

**SECOND CHILD** (circle - Boy/Girl )

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Nickname** \_\_\_\_\_ **Birthday MM/DD/YY** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**School** \_\_\_\_\_ **Grade in School** \_\_\_\_\_

**Disabilities, allergies, health issues,** \_\_\_\_\_

My child was baptized at:  Saint Sebastian  Epiphany of Our Lord  Other \_\_\_\_\_

**THIRD CHILD** (circle - Boy/Girl )

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Nickname** \_\_\_\_\_ **Birthday MM/DD/YY** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**School** \_\_\_\_\_ **Grade in School** \_\_\_\_\_

**Disabilities, allergies, health issues,** \_\_\_\_\_

My child was baptized at:  Saint Sebastian  Epiphany of Our Lord  Other \_\_\_\_\_

**If you have more than three children attending, please just attach additional registration forms with the child information filled out.**

**REGISTRATION FEE**

*ST. SEBASTIAN PARISHIONERS make checks payable to ST. SEBASTIAN CHURCH*

*EPIPHANY PARISHIONERS make checks payable to EPIPHANY OF OUR LORD CHURCH*

**1<sup>st</sup> Child \$25**

**2<sup>nd</sup> Child add \$20**

**3<sup>rd</sup> Child add \$15**

No additional charge for more than 3 children

**NOTE** This fee is requested to help absorb the cost of books and supplies for the Faith Formation Program. If this fee is a burden for your family, just let us know. Our goal is to lead the children to a closer relationship with, and greater knowledge of Christ and the Church.

**OPTIONAL** – I've enclosed \$5.00 extra to help cover the cost of those who cannot afford to pay.