St. Hugh of Grenoble School of Religion 145 Crescent Road

Greenbelt, MD 20770

Contact Rohanie Bacchus Phone 301-275-6424

Email <u>sthughschoolofreligion@gmail.com</u> <u>rohaniebacchus@msn.com</u>

## Faith Formation Registration Form 2019-2020

## Class begin September 15

ie	Date of Birth				
					Zip Code
Male L	Female	Grade child w	vill be entering	school this fall	
year chil	d last attended Fa	aith Formation			
		]	Name of Parish	City State or Cou	intry Year
ne			Religion		
		Email			
me			Re	ligion	
		Email			
is of Paren	nts	Were I	Parents Married	n the Catholic Chu	arch
stered in S	t. Hugh Parish?	Envelope	# 1	Mass your family a	ttends
Contact			Cell#		
l Informa	tion: A copy of ba	iptismal certificate is	s needed to regist	er if sacrament was	not rec'd at St. Hugh
Date	Hospital	Address	City	State	Country
Date	Church	Address	City State	Country	Catholic (Y/N)
<b>.</b>	Church			Ct	
Date	Church	Address	City State	Country	V Catholic (Y/N)
Date	Church	Address	City State	Country	y Catholic (Y/N)
Date nion Date		Address	City State	State Country	
nion Dat	te Church	Address	City	State Country	Catholic (Y/N)
nion Dat	te Church		City	State Country	Catholic (Y/N)
Data above	te Church have any Allergie	Address s, Special Needs, IE	City	State Country	Catholic (Y/N)
Date of the property of the pr	te Church have any Allergie  Publicity Release F	Address s, Special Needs, IE	City EP or Health Con	State Country cerns? If so, please	Catholic (Y/N)
Date of the property of the pr	te Church have any Allergie  Publicity Release F	Address s, Special Needs, IE  orm Rectory office or m	City EP or Health Con	State Country cerns? If so, please School of Religion	Catholic (Y/N) e describe:
Date of the property of the pr	te Church have any Allergie  Publicity Release F ith payment at the en you are enrolling	Address s, Special Needs, IE  orm Rectory office or m	City EP or Health Con nail to attention "	State Country cerns? If so, please School of Religion	Catholic (Y/N) e describe:
Dainild above  MPLETE th forms were of children	te Church have any Allergie  Publicity Release F ith payment at the en you are enrolling	Address s, Special Needs, IE form Rectory office or m	City EP or Health Con nail to attention "	State Country cerns? If so, please School of Religion at Paid \$	Catholic (Y/N) e describe:
Dainild above  MPLETE th forms were of childrentitting paying	te Church have any Allergie  Publicity Release F ith payment at the en you are enrolling ment  Print name	Address s, Special Needs, IE form Rectory office or m	City EP or Health Connail to attention " Total Amour	State Country cerns? If so, please School of Religion at Paid \$	Catholic (Y/N) e describe:  " at the address above.  Date
	Male year child year year year year year year year year	Street Address Male Female year child last attended Fame me ms of Parents stered in St. Hugh Parish? Contact LInformation: A copy of bath Date Date Church	Street Address Cir Male Female Grade child w year child last attended Faith Formation  me  Email  Email  stered in St. Hugh Parish? Envelope  Contact  Information: A copy of baptismal certificate is  Date Hospital Address  Date Church Address	Street Address City Male Female Grade child will be entering year child last attended Faith Formation Name of Parish ne Religion Email  Re  Email  Stered in St. Hugh Parish? Envelope #  Contact Cell#  Information: A copy of baptismal certificate is needed to registed  Date Hospital Address City State	Street Address  Male Female Grade child will be entering school this fall  year child last attended Faith Formation  Name of Parish City State or Counter  Religion  Email  Religion  Email  Were Parents Married in the Catholic Chunstered in St. Hugh Parish?  Envelope #  Mass your family attended in the Catholic Chunstered in St. Hugh Parish?  Contact  Cell#  Information: A copy of baptismal certificate is needed to register if sacrament was  Date Hospital Address City State  Country