

## REGISTRATION FORM - -

Please complete one form for each child who would like to be baptized. We must receive this information before scheduling an appointment to talk with you and your child.

### CHILD'S INFORMATION - -

Date - - \_\_\_\_\_ Child's full Name - - \_\_\_\_\_  
(mon/day/year)

Date of Birth - - \_\_\_\_\_ Current Grade - - \_\_\_\_\_  
(mon/day/year)

### PARENT'S INFORMATION - -

\_\_\_\_\_  
(Parents' Names)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Parents' Email)