ST. CHARLES BORROMEO
2019-2020 YOUTH FORMATION REGISTRATION
(PREVIOUSLY REGISTERED STUDENTS)

STUDENT'S NAME_____
FIRST MIDDLE LAST

STUDENT'S BIRTHDAY_____

GRADE_____(**AS OF AUG., 2019)** SCHOOL ATTENDING_____

FATHER'S NAME__ _____
FIRST MIDDLE LAST

MOTHER'S NAME_____ _____
FIRST MAIDEN LAST

OR GUARDIAN'S NAME_____ _____
FIRST MIDDLE LAST

ADDRESS (MAILING)_____

(RESIDENT)_____

(CITY)_____STATE_____ZIP_____

PHONE NUMBER _____CELL_____

E-MAIL ADDRESS _____

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- ***EMERGENCY NAMES IF PARENT CANNOT BE CONTACTED:***

NAME_____PHONE_____

NAME_____PHONE_____

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(TO BE FILLED IN BY OFFICE PERSONNEL)

REGISTRATION FEE_____CHECK NO._____CASH_____DATE PAID_____

COMMENTS_____

- ***IF THERE IS A FINANCIAL PROBLEM, PLEASE SPEAK WITH FR. CARL.***