

**ST. FRANCIS XAVIER CATHOLIC CHURCH  
SUNDAY SCHOOL for AGES 2-3-4**

**Email completed form to Mariann McCormally at [mmcormally@sfx-kc.org](mailto:mmcormally@sfx-kc.org)**

Family Name \_\_\_\_\_

Mother \_\_\_\_\_ Religion \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_

OR

Guardian \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code

e-mail \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

In case of emergency, if parent/guardian cannot be reached, please call:

\_\_\_\_\_

Child's Name

Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any health problems (allergies, hearing loss, ADHD, etc.) we should know about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For the safety of your child/ren, please list any and all persons, other than yourself and the emergency contact, who have your permission to pick up your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

date of registration \_\_\_\_\_