Eastern Christian Formation Registration
Kindergarten through Grade 12
2026-2027 Session

ECF Classes will begin September 20, 2026

Child's Name: _____ Age:_____ Grade:_____

Child's Name: _____ Age:_____ Grade:_____

Child's Name: _____ Age:_____ Grade:_____

Child's Name: _____ Age:_____ Grade:_____

(Additional names can be written on the back of this page)

Have any of the children above **not** received Holy Eucharist or **not** been Chrismated (Confirmed) or **not** received Confession? If yes, please list their names. _____

_____

Do you consent to take photos of your child(ren) & post them on Parish FB/web? *(Please circle)*

Yes_____ No_____

Father's Name:_____

Telephone: (_____) email: _____

Mother's Name:_____

Telephone: (_____) email: _____

Address:_____

City:_____ Zip:_____

I AM WILLING TO ASSIST IN MY CHILD'S CLASS. NAME:_____

CLASS:_____

I WOULD BE WILLING TO SERVE AS TEACHER FOR ECF:_____

ALLERGIES: *(CHILD'S NAME AND ALLERGY)*_____

_____

_____

_____

PARENTS' SIGNATURE:

_____

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ALLERGIES: ***(CHILD'S NAME AND ALLERGY)***_____

_____

_____

_____

_____

ADDITIONAL INFORMATION: