



# Saint Boniface Catholic Church

## 2024-25 Faith Formation Registration

1952 GA Highway 21 South · Springfield, GA 31329 · (912) 754-7473, ext. 24 ·  
DRE@sbcatholic.com www.sbcatholic.com

- Please complete one registration form per student. Online registration available at [www.sbcatholic.com](http://www.sbcatholic.com)
- Early registration takes place through August 15, 2024. The early registration fee is \$25 per student. The registration fee after August 15, 2024 is \$50 per student. Financial assistance is available; please contact the DRE for details.
- Please return paper copies to the box in the back of the church or to the parish office (mailing address above).

**Student Information:**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Sacrament Information**

Sacrament	Yes/No	Date	Name of Church	City/State
Baptism				
First Reconciliation				
First Holy Communion				
Confirmation				

Please note that students must complete two consecutive years of Faith Formation prior to receiving a Sacrament. If the student was not Baptized at Saint Boniface, a copy of their Baptism certificate must be on file with the Faith Formation office by October 1.

**Special/Medical Needs:**

Please list any special needs or medical needs/allergies.

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**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment.

Family Doctor \_\_\_\_\_ Family Doctor Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contact Information:**

In the event of an emergency, if the parents cannot be reached, please contact the following:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_