

Saint Boniface Catholic Church

2026-2027 Faith Formation Registration

1952 GA Highway 21 South Springfield, GA 31329 (912) 754-7473, ext. 24

www.sbcatholic.com/faith-formation DRE@sbccatholic.com

Please complete one registration form per student. An early registration fee of \$25 per student is offered through August 15, 2026. After August 15, 2026, the registration fee is \$50 per student. Online registration and payment are available at www.sbcatholic.com/faith-formation.

Student Information

Student Last Name: _____ Student First Name: _____

Student Address/City/State/Zip Code: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Information:

Mother's Last Name: _____ Mother's First Name: _____

Mother's Address/City/State/Zip Code: _____

Mother's Phone: _____ Mother's
email: _____

Father's Last Name: _____ Father's First Name: _____

Father's Address /City/State/Zip Code: _____

Father's Phone: _____ Father's email: _____

Student Sacrament Information:

Please note that students must complete two years of Faith Formation classes prior to receiving First Reconciliation/First Communion or Confirmation. If your child received the Sacrament of Baptism at another parish, please submit a certificate copy to the DRE.

Baptism: ☐ Yes ☐ No Date: _____

Parish Name/Location: _____

First Reconciliation: ☐ Yes ☐ No Date: _____

Parish Name/Location: _____

First Communion: ☐ Yes ☐ No Date: _____

Parish Name/Location: _____

Does the student have any special needs/allergies? ☐ Yes ☐ No

If yes, please list: _____

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:

Name: _____

Phone: _____

Relationship to Student: _____

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

Name: _____

Phone: _____

Relationship to Student: _____

Parent/Guardian Name (please print):

Parent/Guardian Signature:

Date:
