REGISTRATION BOOKLET

WELCOME TO

SAINT FRANCES DE CHANTAL PARISH

1309 Wantagh Ave, Wantagh, New York 11793
St. Frances de Chantal Census Form

Household Primary Name

or how we should address mail to your household?

(For example: Mr. & Mrs. or Mr. or Mrs. or Ms.
or just a First name/Last name)

(This name will be used on the family contribution envelopes)

Please list all members of the family household below:

1. Full Name

2. Full Name

3. Full Name

4. Full Name

5. Full Name

6. Full Name

Household Address:

________________________________________
Number and Street

________________________________________
City State Zip Code

E-Mail Address: ____________________________

Send email instead of mail when possible? Yes or No (please circle one)

Family Phone Number: {_____} - __________________________

☐ check if unlisted
HOUSEHOLD MEMBER OVER 18 YEARS INFORMATION

Member 1

Last Name

First Name

Middle

Informal Name (nickname)

Maiden Name (if applicable)

Date of Birth: ___________________ / ___________________ / ____________

Gender: □ Female □ Male

Member Cell Phone: ________________________________

Member Email: ________________________________

Office Email: ________________________________

(Only if alternate work email is preferred.)

Current Grade or Highest Grade or Degree completed: ________________________________

(Not required. Used for program development only)

Occupation (if applicable): ________________________________

Current Status: □ employed □ unemployed □ retired

Does this person have any Disabilities or Special Needs: (please describe) ________________________________

Is this member Roman Catholic? □ Yes □ No

If no, what religion does this member practice? ________________________________

This member goes to Mass:

□ Daily □ Weekly □ Regularly □ Occasionally □ Never

What sacraments has this member received?

Baptism

□ Yes Name of Church, City and State Date (if known)

Reconciliation (Confession)

□ Yes Name of Church, City and State Date (if known)

First Communion

□ Yes Name of Church, City and State Date (if known)

Confirmation

□ Yes Name of Church, City and State Date (if known)

Marital Status: Married: ___________________ / ___________________ / ____________

□ Married in a Catholic Church? □ Married at other location?

Where: ________________________________

Name of Church, City and State

Where: ________________________________

Location, City and State

If NOT married, is this family member:

□ Single □ Divorced □ Widowed □ Separated

Is this person interested in volunteering for any of our parish ministries? Please describe.

________________________________________

Please check if member has any of the following abilities:

□ Computer operation □ Teaching experience □ Counseling

□ Public Speaking □ Gardening □ Handy Person
HOUSEHOLD MEMBER OVER 18 YEARS INFORMATION

Member 2

__________________________________________  ________________  ________________
Last Name                                      First Name         Middle

__________________________________________
Informal Name (nickname)                      Maiden Name (if applicable)

Date of Birth: __________/________/________
Gender: ☐ Female  ☐ Male

Member Cell phone: ________________________________________

Member E-mail: ____________________________________________

Office E-mail: ____________________________________________
(Only if alternate work e-mail is preferred.)

Current Grade or Highest Grade or Degree completed: __________
(Not required. Used for program development only.)

Occupation (if applicable) ____________________________

Current Status:    ☐ employed    ☐ unemployed    ☐ retired

Does this person have any Disabilities or Special Needs: (please describe) ________________________________________

Is this member Roman Catholic?  ☐ Yes  ☐ No
If no, what religion does this member practice? ______________________________________________________________

This member goes to Mass:
☐ Daily  ☐ Weekly  ☐ Regularly  ☐ Occasionally  ☐ Never

What sacraments has this member received?

☐ Yes

Baptism
Name of Church, City and State
Date (if known)

Reconciliation (Confession)
Name of Church, City and State
Date (if known)

First Communion
Name of Church, City and State
Date (if known)

Confirmation
Name of Church, City and State
Date (if known)

Marital Status: Married: __________/________/________
☐ Married in a Catholic Church?    ☐ Married at other location?

Where: Name of Church, City and State
Where: Location, City and State

If NOT married, is this family member:
☐ Single   ☐ Divorced   ☐ Widowed   ☐ Separated

Is this person interested in volunteering for any of our parish ministries? Please describe.

_____________________________________________________

Please check if member has any of the following abilities:

☐ Computer operation  ☐ Teaching experience  ☐ Counseling

☐ Public Speaking   ☐ Gardening   ☐ Handy Person
Member 3

_First Name__________ Middle__________ Last Name_________________

Informal Name (nickname)________________________ Maiden Name (if applicable)________________________

Date of Birth:__________/__________/__________ Gender: □ Female □ Male

Member Cell phone: ____________________________________________________________

Member E-mail: ______________________________________________________________

Office E-mail: ________________________________________________________________

(Only if alternate work e-mail is preferred.)

Current Grade or Highest Grade or Degree completed: ____________________________

(Not required. Used for program development only.)

Occupation (if applicable)_____________________________________________________

Current Status: □ employed □ unemployed □ retired

Does this person have any Disabilities or Special Needs: (please describe)________

Is this member Roman Catholic? □ Yes □ No

If no, what religion does this member practice? _________________________________

This member goes to Mass: □ Daily □ Weekly □ Regularly □ Occasionally □ Never

What sacraments has this member received?

Baptism □ Yes ___________________________________________________________________

Reconciliation (Confession) □ Yes ___________________________________________________________________

First Communion □ Yes ___________________________________________________________________

Confirmation □ Yes ___________________________________________________________________

Marital Status: Married: ____________/__________/__________

□ Married in a Catholic Church? □ Married at other location?

Where: __________________________________________________________________________

Name of Church, City and State________________________ Location, City and State

If NOT married, is this family member:

□ Single □ Divorced □ Widowed □ Separated

Is this person interested in volunteering for any of our parish ministries? Please describe.

____________________________________________________________________________

Please check if member has any of the following abilities:

□ Computer operation □ Teaching experience □ Counseling

□ Public Speaking □ Gardening □ Handy Person
CHILDREN UNDER THE AGE OF 18

Child's Full Name ___________________________ Date of Birth ____________

Grade _______ School attending ________________________________

What sacraments has this member received?

- [ ] Yes
  - Baptism
    - Name of Church, City and State
    - Date (if known)
  - Reconciliation (Confession)
    - Name of Church, City and State
    - Date (if known)
  - First Communion
    - Name of Church, City and State
    - Date (if known)
  - Confirmation
    - Name of Church, City and State
    - Date (if known)

Will the child be enrolled in Faith Formation? ________________

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CHILDREN UNDER THE AGE OF 18

Child's Full Name ___________________________ Date of Birth ____________

Grade _______ School attending ________________________________

What sacraments has this member received?

- [ ] Yes
  - Baptism
    - Name of Church, City and State
    - Date (if known)
  - Reconciliation (Confession)
    - Name of Church, City and State
    - Date (if known)
  - First Communion
    - Name of Church, City and State
    - Date (if known)
  - Confirmation
    - Name of Church, City and State
    - Date (if known)

Will the child be enrolled in Faith Formation? ________________
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Grade School attending

What sacraments has this member received?

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