

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: _____ / _____ / _____
Mo/Day/Year

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 _____
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: _____ / _____ / _____
Mo/Day/Year

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 (<i>nickname</i>)	Maiden Name (<i>if applicable</i>)
-----------------------------------	--------------------------------------

Date of Birth: _____ / _____ / _____ **Gender:** Female Male
Mo/Day/Year

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	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (<i>if known</i>)
Reconciliation (Confession)	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (<i>if known</i>)
First Communion	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (<i>if known</i>)
Confirmation	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (<i>if known</i>)

Marital Status: Married: _____ / _____ / _____
Mo/Day/Year

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

CHILDREN UNDER THE AGE OF 18

Child's Full Name _____ Date of Birth _____

Grade _____ School attending _____

What sacraments has this member received?

Baptism	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Reconciliation (Confession)	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
First Communion	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Confirmation	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)

Will the child be enrolled in Faith Formation? _____

CHILDREN UNDER THE AGE OF 18

Child's Full Name _____ Date of Birth _____

Grade _____ School attending _____

What sacraments has this member received?

Baptism	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Reconciliation (Confession)	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
First Communion	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Confirmation	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)

Will the child be enrolled in Faith Formation? _____

CHILDREN UNDER THE AGE OF 18

Child's Full Name _____ Date of Birth _____

Grade _____ School attending _____

What sacraments has this member received?

Baptism	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Reconciliation (Confession)	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
First Communion	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Confirmation	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)

Will the child be enrolled in Faith Formation? _____

CHILDREN UNDER THE AGE OF 18

Child's Full Name _____ Date of Birth _____

Grade _____ School attending _____

What sacraments has this member received?

Baptism	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Reconciliation (Confession)	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
First Communion	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)
Confirmation	<input type="checkbox"/> Yes	_____	_____
		Name of Church, City and State	Date (if known)

Will the child be enrolled in Faith Formation? _____