

# LYNN CATHOLIC COLLABORATIVE

## ST. MARY OF THE SACRED HEART PARISH

### FAMILY FAITH FORMATION

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

Address: \_\_\_\_\_  
(street) (city) (zip code)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(first) (last)

Mother's Name: \_\_\_\_\_  
(first) (maiden) (last)

Email address: \_\_\_\_\_

#### **Please complete the information below for each child in grades 1-12.**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Special Needs? Allergies?: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Sacraments: First Penance: \_\_\_\_ First Communion: \_\_\_\_ Confirmation: \_\_\_\_  
(Please check all that the child has received)

Space to register additional children on reverse.

**Family Faith Formation Fee: \$50.00 per family. Cash or Check.**  
**Please make checks payable to St. Mary of the Sacred Heart.**  
**If possible, please include payment at time of registration.**

**Please put completed forms in the collection basket or mail it to the Collaborative Offices at: 8 S. Common Street Lynn, MA 01902.**

**Questions? Please contact Jeanette Houle at  
jhoule@LynnCatholic.org or (781) 598-4907.**

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