

Early Catholic Family Life Registration Form

FAMILY INFORMATION

Please provide the information below regarding the adult family member/s participating in the program:

Name	Email
Cellphone	Relation to the child/children
Name	Email
Cellphone	Relation to the child/children
Family's Home Parish	

Please provide the information below regarding the child/children participating in the program:

Name	Age	Gender (M/F)	Special Information (hearing, sight, speech, allergies, behavioral, or other special circumstances we should know about your child)

EMERGENCY CONTACT (someone other than the adult family member/s participating in the program)

Name: _____

Relationship: _____ Telephone: _____

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How did you hear about Early Catholic Family Life?

- Parish bulletin Mass announcement Parish social media or website
- Letter or email from the parish Parish staff
- School Family or friends Other, please specify: _____

Privacy Statement:

Transfiguration Catholic Church is committed to protecting your personal information. Please note that personal information is collected and used solely for the purposes defined as Appropriate Uses in the Transfiguration’s Privacy Policy.

*Justin Kortuem
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 Transfiguration Catholic Church
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 Oakdale MN 55119
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 651-501-2207*

Parent/Guardian’s Signature
Date

Sunday Session Dates

9:30-11:30

- September 15
- September 29
- October 6
- October 20
- November 3
- November 17
- December 1