

Cresson Catholic Community Faith Formation Religious Education Program – Registration
Father Leo Arnone ~ Pastor 814-886-2374
Director of Religious Education;– Deb Baker 814-886-7504

Family Name _____ Registered Parish (circle one) SA FX

Mailing Address _____

City _____ Zip _____

Father s name _____ Cell # _____

Mothers Name _____ (maiden name) _____ Cell# _____

Home Phone _____

Email address _____

Family Church Membership Number _____
 (Envelope Number) Necessary to enroll in our program

Childs Name	Grade (fall of 2020)	DOB	Baptismal Church	Indicate CCD/ 2 nd grade Sacramental Prep/Atrium/Confirmation Prep

Field Trip/Photography Consent:

I/we the parents of this student request that the Cresson Catholic Community Faith Formation program allow my son/daughter to participate in outside activities that include leaving the school building & walking to the Church Building & church grounds. This activity will always be under the supervision of the students Religious Education teacher. I also give permission for my child’s photo to be taken and displayed on the church bulletin board, catholic register or website.

Parent Signature _____

