

**PLEASE PRINT**



**St. Joseph Maronite Church  
MCF Program  
Registration 2017-2018**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Church/Rite: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Church/Rite: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Cell. Phone: \_\_\_\_\_

Grade in School: \_\_\_\_\_

School District: \_\_\_\_\_

The following information is needed for MCF records:

Has your child received these sacraments?

Baptism: Yes / No

Chrismation: Yes / No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Where: \_\_\_\_\_

Where: \_\_\_\_\_

1st. Communion: Yes / No

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_

Will your child be making First Communion this year? Yes / No

**A \$30.00 FEE IS DUE AT THE TIME OF REGISTRATION. THE FEE IS \$20.00 FOR THE 2ND OR MORE CHILDREN. PLEASE KNOW THAT THE FEE CAN BE WAIVED IF IT IS HARD FOR THE FAMILY TO PAY.**