

**ST. ALOYSIUS ROMAN CATHOLIC CHURCH
FAITH FORMATION 2024-2025**

592 Middle Neck Road • Great Neck, NY 11023
516-482-5660



SESSION CHOICE (circle one)

Thursday's Only Earlier session: 4:30pm - 5:15pm Later session: 6:30pm - 7:15pm

CHILD'S INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Child Prefers to Be Called: _____ Child's Sex: _____ Child's Date of Birth: _____

In September 2024 my child will be in grade: _____ at _____ School

FAMILY'S ADDRESS

Street Address: _____ Apt. #: _____

City: _____ Zip: _____ Home Phone # _____

Parent /Guardian #1 INFORMATION

Full Name: _____ Maiden Name: (if applicable) _____

Cell Phone #: _____ Email Address: _____

Parent / Guardian #2 INFORMATION

Full Name: _____ Maiden Name: (if applicable) _____

Cell Phone #: _____ Email Address: _____

Alternate Phone #'s: _____

Please share any information that will help us better know your child; this might include speech, reading, behavior, medications, allergies, etc.: _____

SACRAMENT INFORMATION OF THE CHILD (only needed for NEW students)

Baptism: _____
Church Name City, State Month/Year

1st Communion: _____
Church Name City, State Month/Year

*If Sacraments were received at St. Aloysius you may leave the City, State and Month/Year blank.
If Sacraments were **not** received at St. Aloysius we **must** have a copy of sacrament certificates.
Please write "NO" if your child was **not** Baptized.*