

**FOOT-Faith of Our Toddlers**

**St Jane Frances de Chantal  
Office of Religious Formation  
Registration 2011-2012**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT. #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age as of September 1<sup>st</sup>** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Baptism** \_\_\_\_\_  
**Month/Day/Year** \_\_\_\_\_ **Church** \_\_\_\_\_  
\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Nursery School /Day Care/ Learning Center Experience: Please Give Name and Location.**

**Briefly Describe.**

**Are there any needs/circumstances of which you would like us to be aware? (Allergies, handicaps...)**

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_  
**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Father's Cell** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_  
**First** \_\_\_\_\_ **Last** \_\_\_\_\_

**Mother's Cell or Work Phone** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **Email** \_\_\_\_\_

(Please print clearly as this is how we communicate with you)

**FOOT Tuition is \$75.00 per child. Tuition should be paid at time of registration. Please make check payable to St. Jane de Chantal Religious Formation. Thank You!**