ST. ALOYSIUS ROMAN CATHOLIC CHURCH FAITH FORMATION 2026-2027

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

NEW: You may fill out this form here, download and/or save it to your computer, and then Email or Print it.

Faith Formation Registration

SESSION CHOICE (Check 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 2026 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.*