



## St. Alphonsus Parish Adult Special Education Faith Formation *Registration*



Participant Information/Family Contact	
Last Name:	First Name:
Parent/Guardian:	Phone:
Group Home Staff (if applicable):	Staff Phone:
Email Address:	
Mailing Address:	
Sacraments Received (circle):    Baptism    Eucharist    Confirmation	
Emergency Contacts	
Name(s):	Phone:
Medical & Allergy Information	
Additional Information & Comments	

- See reverse side for the calendar.
- Please return this form to the front office or by the first day of class.
- Questions? Please contact the parish office at [parishoffice@mystals.org](mailto:parishoffice@mystals.org) or (763)561-5100; or Cindy Boyer at (763)587-5670 or at [cboyers529@gmail.com](mailto:cboyers529@gmail.com).
- Program tuition will be paid through a generous donation made by the Knights of Columbus.