

**ALL SAINTS PARISH**  
**GENERATIONS OF FAITH – Adult Education**  
**2011-2012**  
**REGISTRATION FORM**

**Household Registration Fee: \$5.00 (covers material for adult education.)**

Family Name \_\_\_\_\_ (Office use: Date Recv'd \_\_\_\_\_ /Paid \_\_\_\_\_)

First Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Physical Home  
Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different than above): \_\_\_\_\_

Email address : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In Case of Emergency call: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any other name of those from your household who will also be attending

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_