St. Patrick Parish

CFF Student Survey

_____

Date

_____

Student's Last Name First Name Birth Date

_____

Grade in School Grade in CFF Program

Mother's Religion_____ Father's Religion _____

Is your family registered with St. Patrick Parish? Yes___ __No_____

If no, Parish where you are registered_____

Sacraments student has received		Sacraments student wishes to receive this year
Baptism	_____	_____
Reconciliation	_____	_____
Eucharist	_____	_____
Confirmation	_____	_____

Previous Religious Education completed:

Circle Grades attended: K 1 2 3 4 5 6 7 8

Activities your child enjoys_____

Your hopes for your child's growth in Faith this year

_____

_____

Special needs (food allergies, medication, learning disabilities, physical limitations, impaired hearing or eyesight, emotional difficulties, etc.)

_____

_____

_____

_____

Anything else you would like to tell us about your child

_____

_____

Questions or suggestions for the CFF class/program this year

_____

_____

This survey was filled out by _____

Parent/Guardian

The best way to reach me is by _____