

Contact Information

Type the appropriate information into each text space below. Please check your preferred method of communication for each individual.

Family Name:	<input type="text"/>	
Home Address:	<input type="text"/>	
City/State:	<input type="text"/>	
Zip/Postal Code:	<input type="text"/>	
<input type="checkbox"/> Home Phone:	<input type="text"/>	
<input type="checkbox"/> Family Email:	<input type="text"/>	
Head of Household Name:	<input type="text"/>	
<input type="checkbox"/> Cell phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Work Phone:	<input type="text"/>	
<input type="checkbox"/> Email:	<input type="text"/>	
Spouse Name:	<input type="text"/>	
<input type="checkbox"/> Cell Phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Work Phone:	<input type="text"/>	
<input type="checkbox"/> Email:	<input type="text"/>	
Child 1 Name:	<input type="text"/>	
<input type="checkbox"/> Cell Phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Email:	<input type="text"/>	
Child 2 Name:	<input type="text"/>	
<input type="checkbox"/> Cell Phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Email:	<input type="text"/>	
Child 3 Name:	<input type="text"/>	
<input type="checkbox"/> Cell Phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Email:	<input type="text"/>	
Child 4 Name:	<input type="text"/>	
<input type="checkbox"/> Cell Phone:	<input type="text"/>	<input type="checkbox"/> Text Message/SMS Permitted?
<input type="checkbox"/> Email:	<input type="text"/>	

Save, and attach this PDF file to an email, and address it to st.lambert.parish@sfcss.org. Or, alternatively, print this form out completed, and then send it to the parish office.