

Faith Formation Registration Form

Father's Full Name	Religion
Mother's Full Name	Religion
Mother's Maiden Name	
Address (of custodial parent)	City
State/Zip	E-mail
Home Phone	Other Phone
Non-custodial Parent (if applicable)	Religion
Address	City
State/Zip	E-mail
Home Phone	Other Phone
EMERGENCY CONTACT	Relationship
Home Phone	Other Phone

Children/Youth to Register First, Middle, Last Name Please	Birth Date	Age	Grade	Baptism	Reconciliation	Communion	Confirmation
1.				Yes/No	Yes/No	Yes/No	Yes/No
2.				Yes/No	Yes/No	Yes/No	Yes/No
3.				Yes/No	Yes/No	Yes/No	Yes/No
4.				Yes/No	Yes/No	Yes/No	Yes/No
5.				Yes/No	Yes/No	Yes/No	Yes/No

Please list all persons living in your home:

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No
 Do any of the children have any type of learning difficulty? Yes No
 Do any of the children attend special education classes in the public school? Yes No
 If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

Registration fee

Grades K-1 \$25 per child

Grades 2-9 \$30 up to 2 children \$ 20 for each child thereafter.

Home study \$20.00

Financial assistance is available upon request. Please contact the RE Office at 693-7801 for further information. We want every child in our parish to have the opportunity to attend our Religious Education program, if tuition cost is an issue talk to Mike McNeil

SACRAMENTAL PREPARATION:

_____ will be preparing for the **Sacraments of Reconciliation & Eucharist.**

E-mail address for sacramental information: _____

_____ will be preparing for the **Sacrament of Confirmation.**

E-mail Address for Sacramental Information: _____

For Internal Use Only:

Amount _____ Date Paid _____
 Cash/Check # _____ Sacramental Fee _____

PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation programs at _____ Parish, under the direction of its leadership.

If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child.

I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/ Guardian Signature

Date

Address

City

State

Home Phone

Work Phone

Cell Phone