

Family Last Name \_\_\_\_\_

## Faith Formation Registration Form – St. Mary’s and St. Paul’s

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 #
<b>EMERGENCY CONTACT</b>	<b>Relationship</b>
<b>Home Phone</b>	<b>Other Phone</b>

Children/Youth to Register First, Middle, Last Name Please	Birth Date	Age	Grade	Baptism	Reconciliation	Communion	Confirmation
1.							
2.							
3.							
4.							
5.							

*Please list any other children living in your home:*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

*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 you answered Yes to any of these questions, please give the name of the child, any information we may 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:* \_\_\_\_\_

**Please send this form with:**

**Registration Fee - \$45/student. Not to exceed - \$135.00 per family**

*Additional fees may be collected for retreats, rallies, and/or field trips as necessary.*

**TO: Church of St. Mary, Religious Ed. Registration, 249 6<sup>th</sup> St. Tracy, MN 56175**

# PARENT/LEGAL GUARDIAN PERMISSION FORM

My child or children have permission to be involved in the Faith Formation Programs at

St. Mary's or St. Paul's

Parishes, 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.

Medical Information: Insurance Co. \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## First Reconciliation & First Eucharist:

Name of child preparing for First Reconciliation and First Eucharist \_\_\_\_\_

E-mail Address for sacramental information \_\_\_\_\_

## Confirmation:

Name of child preparing for Confirmation \_\_\_\_\_

E-mail Address for sacramental information \_\_\_\_\_

Member of family interested in joining the Catholic Faith \_\_\_\_\_

E-mail address for sacramental information \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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