

Family Last Name _____

Faith Formation Program Registration Form

Site: _____

Year _____

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

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

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 or utilize a 504 or IEP Plan 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: \$55 for one student; \$90 for 2 students; \$140 for 3 or more + sacramental fee, if applicable.

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

**SACRAMENTAL PREPARATION: There is an additional sacramental fee of _____ /sacrament.
First Reconciliation & First Eucharist:**

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

Confirmation:

_____ will be preparing for the
Sacrament of Confirmation.

For Internal Use Only:

Amount Paid _____ **Date Paid** _____

Cash/Check _____

Sacramental Fee (if applicable) _____

Plans for Future Payment:

Consent Forms

Dual Parent Reporting

Archdiocesan Policy #5124 states, "Unless otherwise decreed in the Order of Dissolution, information commonly made available to parents of any student in attendance (i.e., notices of school/catechetical program functions, report cards, appointments for parent-teacher conferences) should be provided to both parents."

In the case of a child whose parents are in separated circumstances, a follow-up form will need to be completed and returned.

___ Please send a form to complete and return.

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to _____ for the use of any videotapes, photographs, or _____ (parish/cluster) similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian signature

Date