

St. Mary's Roman Catholic Church
Faith Formation Registration Form Grades K-8

2019/2020

Family Registration Fee covers First Child \$70.00 Additional Children (each) \$20.00

Grade 2 First Eucharist Prep Fee Please Add \$20.00 to registration Fee (covers Communion Robe Rentals and Retreats)

Today's Date: _____

Family Name: _____

Address: _____

City: _____ ZIP: _____

Primary Email Address: _____

When sending mail, address to (Choose one)?

Mr. /Mrs. Mr. Mrs. Miss Dr. /Mrs. Mr. /Dr. Other: _____

Registered at our Church? Y N NEW-- If yes, what is your envelope number? _____

PARENTS/GUARDIANS

Relationship to child: _____ Relationship to child: _____

Name: _____ Name: _____

If Mother, Maiden Name: _____ If Mother, Maiden Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Religion: _____ Religion: _____

Marital Status: _____ Marital Status: _____

I am interested in helping with Faith Formation by: _____ I am interested in helping with Faith Formation by: _____

During Faith Formation Sessions, where can you be reached? _____

EMERGENCY CONTACT (OTHER THAN YOURSELF?) _____ PH# _____

STUDENT INFORMATION

Student Name: _____
Last First Complete Middle

Gender: Male Female

Attended Faith Formation or Catholic School last year? Y N

School Grade 2019/2020: _____

Faith Formation Grade Entering 2019/2020: _____

School: _____

If entering Grade 4-6 8:30 am or 10:00 am Session

Birthdates: _____

(Please circle one)

Birth Place: _____

Church of Baptism: _____

SACRAMENTAL RECORDS

		Dates	Locations (Church name and complete address)
Baptism	Yes/No	___/___/___	_____
1 st Reconciliation	Yes/No	___/___/___	_____
1 st Holy Eucharist	Yes/No	___/___/___	_____

Does your child have any special needs? _____

If student is not living with his or her birth mother/father, please enter the following

Birth Father: _____

Birth Mother: _____ Maiden Name: _____

Medical/Photo/Activities Release and Parent Acknowledgement
St. Mary's Catholic Church – 2019/2020

Child Name: _____

Medical Issues: _____

Allergies: _____

Learning Disabilities: _____

Medications: _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility.

I/We authorize any representative of St. Mary's Catholic Church to seek medical treatment for my child.

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____ Date: _____

Please read and initial each section below:

_____ I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community. As part of my responsibilities for the faith formation of my child/children, I/We commit and promise that my/our family will regularly attend Sunday Mass.

_____ I/we understand that it is my/our responsibility to familiarize myself/ourselves with the policies, procedures and session dates for the Faith Formation Program in which I/We are registering my/our child/children. I commit to making sure that I view a copy of the Student/Parent Handbook published by the Faith Formation Office and posted on the Parish Website at the beginning of the Program Year. I understand that the policies and dates are subject to change upon written notification by the Faith Formation Office.

PUBLICITY RELEASES/PHOTOS: From time to time, publicity releases for parish bulletin, website and newspapers may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Mary's Catholic Church or a media representative. I do _____
Do not _____ give permission for my/our student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPATION RELEASE/ACTIVITIES: I give permission for my child to participate in the 2019/2020 activities, events and retreats sponsored by St. Mary's Faith Formation Program and Lifeline. I understand and agree that in the event of any damages to property I will be responsible for any costs, fees or other expenses related to my child, including but not limited to any damage done to other's property. In the event that my child is expelled from any activities, event or retreats I will be responsible for costs to return home due to the expulsion and/or medicals costs. I understand that while participating in activities, events and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. My child's failure to follow instructions, directions and/or Code of Conduct will result in immediate contact of the parent/guardian and may also result in his/her immediate expulsion from the activity, event, retreat, and/or Faith Formation and Lifeline.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

If your family is in need of financial assistance or if you would like to be placed on a payment plan to cover the cost of your child's / children's registration for Faith Formation, please contact Beni at 508-992-7505 before August 1, 2019 to make arrangements.