

St. Mary Catholic Faith Formation Registration 2023-2024

**FEES: \$50 FOR FIRST CHILD, \$45 FOR SECOND CHILD, \$40 FOR EACH ADDITIONAL CHILD.
EACH SACRAMENT IS AN ADDITIONAL \$25 (RECONCILIATION, EUCHARIST & CONFIRMATION)**

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

STUDENT INFORMATION: (please print)

Last Name: _____ First Name: _____

Date of Birth: _____ Place of Birth (city and state): _____

GENDER: F M GRADE IN SEPT. 2023 _____ School Attending: _____

FAMILY INFORMATION: (please print) **Parish where registered:** _____

FATHER:

Last Name: _____

First Name: _____

Religion: _____

Home phone: _____

Cell: _____ Text? Y N

Work: _____

MOTHER:

Last Name: _____

First Name: _____

Maiden Name: _____

Religion: _____

Home phone: _____

Cell: _____ Text? Y N

Work: _____

Family E-mail Address (please use the address checked most often):

CONTACT INFORMATION: (please print)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

With whom does this child reside? Both parents Mother Father Shared custody Other

If Other, please explain: _____

MAILING ADDRESS: (Alternate) _____

CITY: _____ STATE: _____ ZIP CODE: _____

Send mail to alternate address too? YES NO

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SACRAMENT INFORMATION: (Please provide a copy of child's Baptismal Certificate IF NEW STUDENT)

BAPTISM YES NO

EXACT DATE OF BAPTISM: _____ Catholic Other denomination _____

CHURCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

FIRST EUCHARIST YES NO Exact date of First Eucharist: _____

CHURCH NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

EMERGENCY INFORMATION:

Does your child have any **special needs**? YES NO

If yes, please specify: _____

Does your child have any **allergies** or medical concerns? YES NO

If yes, please specify: _____

In case of an emergency during the hours your child is in class, whom should we contact?

NAME: _____ PHONE: _____

APPROVED ALTERNATE PICK-UP PEOPLE:

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

St. Mary has my permission to publish my child's photograph:

in the bulletin on the parish website/Facebook pages other parish publications

X _____

(Parent or legal guardian signature)

For Office Use Only

Pmt rec'd: \$ _____ Date: _____ Check #: _____ Teacher: _____

Notes: