

FAITH FORMATION REGISTRATION

2017-18

St. Mary Church 45 Freestone Ave., Portland, CT 06480
860-342-2308; stmaryportlandfaith@gmail.com

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____
Father's Name: _____ Father's Cell / Work: _____
Mother's Name: _____ Mother's Cell / Work: _____
Mother's Maiden: _____ Email Address: _____
Home Phone: _____ **Emergency Contact:** _____
Home Address: _____ Emergency Phone: _____
City, ST Postal: _____ Live with both Parents? Yes / No

STUDENT #1 INFORMATION

Child Name: _____
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc) and **Allergies:**

STUDENT #2 INFORMATION

Child Name: _____
Gender: Male Female **Sacrament Details** Check & Date All Below
Birth Date: _____ Baptism: _____
Grade: _____ Eucharist: _____
Session: _____ Reconciliation Prep: _____
Class: _____ Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc) and **Allergies:**

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

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Faith Formation Class Options (To enter on page 1)

Grade

Class

Grades 8 & 9	Two Sundays per month, 6 – 7:30 p.m.
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Confirmation Fees

Registration Fee: \$50/child *Catechist /Aide /Hall Monitor’s children attend for no Registration fee.

Retreat Fee: \$25

Robe Fee: \$15 (grade 9 only)

Teacher ___ Gr. _____ Teacher Aide ___ Gr. _____ Hall Monitor during class time ___ Day _____

Father’s Occupation _____ Mother’s Occupation _____

Child(ren) lives with: Mother Father Both

***Please indicate any allergies on the “special needs” line of page 1.**

I give permission for my child/children’s pictures taken at parish sponsored events to appear either in printed photographs in the church or Faith Formation program, or on the parish website.

Parent/Guardian Signature _____

We ask all families to continue to bake in support of the Sisters of Mercy annual bake sale.

Other ways you can help with the success of the Faith Formation Program:

Substitute Teacher _____ First Communion Reception _____ Confirmation Reception _____

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Additional Students

STUDENT #3 INFORMATION

Child Name: _____

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc) and **Allergies:**

STUDENT #4 INFORMATION

Child Name: _____

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc) and **Allergies:**

STUDENT #5 INFORMATION

Child Name: _____

Gender: Male Female

Sacrament Details Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs(Medical, Learning Disabilities, Physical Disabilities, etc) and **Allergies:**
