

# 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:**

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## 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:**

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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)**

<b>Grade</b>	<b>Class</b>
Grades 1 – 5	Tuesday or Wednesday, 3:30 – 4:30 p.m.
Grades 6 & 7	Tuesday, 7:00 – 8 p.m.

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

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:**

\_\_\_\_\_