

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacrament Details Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Session: _____	<input type="checkbox"/> Reconciliation Prep: _____
Class: _____	<input type="checkbox"/> Confirmation: _____

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

STUDENT #2 INFORMATION

Child Name: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sacrament Details Check & Date All Below
Birth Date: _____	<input type="checkbox"/> Baptism: _____
Grade: _____	<input type="checkbox"/> Eucharist: _____
Session: _____	<input type="checkbox"/> Reconciliation Prep: _____
Class: _____	<input type="checkbox"/> 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:** _____

FAITH FORMATION REGISTRATION

2018-19

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

Faith Formation Class Options (To enter on page 1)

Grade	Class
Grades 1 – 5	Tuesday or Wednesday, 3:30 – 4:30 p.m.
Grades 6 & 7	Online program with drop-in nights

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 _____

Additional Students

STUDENT #3 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session: _____

Class: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Reconciliation Prep: _____

Confirmation: _____

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

STUDENT #4 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session: _____

Class: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Reconciliation Prep: _____

Confirmation: _____

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

STUDENT #5 INFORMATION

Child Name: _____

Gender: Male Female

Birth Date: _____

Grade: _____

Session: _____

Class: _____

Sacrament Details Check & Date All Below

Baptism: _____

Eucharist: _____

Reconciliation Prep: _____

Confirmation: _____

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