



Saint Mary's Faith Formation Family Registration Form 2024-2025

Please Send
Parish Budget
Envelopes
Y / N

Family Last name: _____ Child/ren's last name (if different): _____

Family Information:

Street address: _____ City/town: _____ Zip code: _____

Mailing address, if different from above: _____

Primary Phone: _____ Email: _____

Dad's Cell: _____ Email: _____

Mom's Cell: _____ Email: _____

Who has custody of the student/s? _____

Father: Last: _____ First: _____ Middle Initial: _____

Title: Mr./ Dr. Suffix: Sr./ Jr./ III

Personal Information:

Date of Birth: _____ Occupation: _____

Marital Status: Married/ Divorced/ Single/ Remarried/ Annulled/ Widowed

Married by a priest or deacon: Y / N

Religion: _____ Baptized: Y / N First Communion: Y / N Confirmation: Y / N

In what ways are you available to help/volunteer? _____

Mother: Last: _____ First: _____ Middle Initial: _____

Title: Mrs./ Ms./ Miss./ Dr. Maiden Name: _____

Personal Information:

Date of Birth: _____ Occupation: _____

Marital Status: Married/ Divorced/ Single/ Remarried/ Annulled/ Widowed

Married by a priest or deacon: Y / N

Religion: _____ Baptized: Y / N First Communion: Y / N Confirmation: Y / N

In what ways are you available to help/volunteer: _____

Step-Parent: Last: _____ First: _____ Middle Initial: _____

Title: Mr. / Mrs./ Ms./ Miss./ Dr./ Suffix: Sr./ Jr./ III Maiden Name: _____

Personal Information:

Relationship to the child/ren: _____

Date of Birth: _____ Gender: M / F

Marital Status: Married/ Divorced/ Single/ Remarried/ Annulled/ Widowed

Married by a priest or deacon: Y / N Occupation: _____

Religion: _____ Baptized: Y / N First Communion: Y / N Confirmation: Y / N

In what ways are you available to help/volunteer? _____

Office Use Only: Baptismal Certificate on File: C1 C2 C3 C4 C5 Media Photo Release

Child 1:

Name: Last: _____ First: _____ Middle: _____

Gender: M / F Date of Birth: _____ City/State of Birth: _____

Grade in Faith Formation: _____ Grade in School: _____ School: _____

Church of Baptism: _____ First Reconciliation: Y /N First Eucharist: Y /N

Please list any information we should be aware of regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____
_____**Choice of Class: (Grades 1-5: Please indicate 1st and 2nd choice)****Grades 1-5** : Sundays (9:15-10:15 am) _____ Mondays (4:15-5:15 pm) _____**Grades 6-9**: Sundays (6:00-7:30 pm) _____**Child 2:**

Name: Last: _____ First: _____ Middle: _____

Gender: M / F Date of Birth: _____ City/State of Birth: _____

Grade in Faith Formation: _____ Grade in School: _____ School: _____

Church of Baptism: _____ First Reconciliation: Y /N First Eucharist: Y /N

Please list any information we should be aware of regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____
_____**Choice of Class: (Grades 1-5: Please indicate 1st and 2nd choice)****Grades 1-5** : Sundays (9:15-10:15 am) _____ Mondays (4:15-5:15 pm) _____**Grades 6-9**: Sundays (6:00-7:30 pm) _____**Child 3:**

Name: Last: _____ First: _____ Middle: _____

Gender: M / F Date of Birth: _____ City/State of Birth: _____

Grade in Faith Formation: _____ Grade in School: _____ School: _____

Church of Baptism: _____ First Reconciliation: Y /N First Eucharist: Y /N

Please list any information we should be aware of regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____
_____**Choice of Class: (Grades 1-5: Please indicate 1st and 2nd choice)****Grades 1-5** : Sundays (9:15-10:15 am) _____ Mondays (4:15-5:15 pm) _____**Grades 6-9**: Sundays (6:00-7:30 pm) _____

Please use another registration form for additional children.

Emergency Contact - NOT A PARENT*(We will always try to reach a parent first, but if we are unable to reach you, who would you like us to contact in the event of an emergency?)*

Name: _____ Primary Phone: _____

Relationship to child/ren: _____ Alternate Phone: _____