



Saint Mary's Faith Formation

Family Registration Form 2023-2024

**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: _____
 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 regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____

Choice of Class: Grades 1 – 5 (please indicate 1, 2, 3 choice) Sun (9:15-10:15): _____ Mon (4:15-5:15): _____

Tue (4:15-5:15): _____

Grade 6 Mon (6-7:30): _____

Grade 8 Sun (4-5:30) _____

Grade 7 Tue (6-7:30): _____

Grade 9 Sun (6-7:30): _____

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 regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____

Choice of Class: Grades 1 – 5 (please indicate 1, 2, 3 choice) Sun (9:15-10:15): _____ Mon (4:15-5:15): _____

Tue (4:15-5:15): _____

Grade 6 Mon (6-7:30): _____

Grade 8 Sun (4-5:30) _____

Grade 7 Tue (6-7:30): _____

Grade 9 Sun (6-7:30): _____

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 regarding your child's health, allergies, disabilities, learning challenges, etc. All information is kept confidential: _____

Choice of Class: Grades 1 – 5 (please indicate 1, 2, 3 choice) Sun (9:15-10:15): _____ Mon (4:15-5:15): _____

Tue (4:15-5:15): _____

Grade 6 Mon (6-7:30): _____

Grade 8 Sun (4-5:30) _____

Grade 7 Tue (6-7:30): _____

Grade 9 Sun (6-7:30): _____

EMERGENCY CONTACT - NOT A PARENT

(we will always try to reach parents 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: _____