



# 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: \_\_\_\_\_  
 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: \_\_\_\_\_  
\_\_\_\_\_