

Family Registration Form 2016-2017

St. Mary of the Assumption – Faith Formation Office – 683-8564
2 St. Mary's Hill, Lancaster, NY 14086 Email: therese@stmarysonthehill.org

Please enroll us in: Classroom Model Family Program

Information for Mailings *Please print clearly*

Child(ren)'s Last Name: _____ Parent's Last Name (*if different*): _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Parent Email: _____

Secondary Parent Email: _____

Child(ren) live with: parents father mother grandparent(s)

Parents are: married separated divorced remarried other

Father: _____ Mother: _____ Step-parent: _____

Father's Cell: _____ Mother's Cell: _____ Step-parent cell: _____

Mailing Title (i.e. M/M, Mr., Mrs., Ms., Miss): _____

Legal Guardian (*if different than parents*): _____

*If parents are separated or divorced please include the following information of the non-custodial parent.
Please contact us if you do not want this person to receive mailings.*

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact

In case of an emergency when a parent cannot be reached

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Volunteer Opportunities

I am willing to volunteer for:

Saturday morning: Catechist Substitute Classroom Aide

Family Program EDGE Core Member Life Teen Core Member

Office Help Crafts Vacation Bible School Generations of Faith

Comments: _____

please fill out the other side of this page

Student Information

youngest to oldest in our program

1) _____ / _____ / _____ / _____ / _____
Last Name First Name School in September Grade RE Grade

Does (s)he have a disability or learning problem that would affect the work for that grade level?

Any allergies? _____

2) _____ / _____ / _____ / _____ / _____
Last Name First Name School in September Grade RE Grade

Does (s)he have a disability or learning problem that would affect the work for that grade level?

Any allergies? _____

3) _____ / _____ / _____ / _____ / _____
Last Name First Name School in September Grade RE Grade

Does (s)he have a disability or learning problem that would affect the work for that grade level?

Any allergies? _____

4) _____ / _____ / _____ / _____ / _____
Last Name First Name School in September Grade RE Grade

Does (s)he have a disability or learning problem that would affect the work for that grade level?

Any allergies? _____

Religious Education Fee (*check which fee applies*) **Additional Sacramental Fees** (*check if applicable*)

_____ 1 child: \$50 per family

_____ 1st Reconciliation: \$30 per child

_____ 2 children: \$75 per family

_____ 1st Communion: \$30 per child

_____ 3 children: \$95 per family

_____ 4 or more children: \$100 per family **Registration forms and fees are due by June 30, 2016.**

Enclosed is my payment of \$ _____ (*If you need an extension of the fees, please contact the Faith Formation Office.*)

Parent signature: _____ Date: _____

**By signing this registration form, you agree that any photographs taken of your child(ren) during the 2016-2017 school year are the property of St. Mary of the Assumption, and may be used in future publications as deemed appropriate.*

To opt out of photographs for your child(ren), initial here: _____

for office use only

Date Form Received: _____ Amount Enclosed: _____
Cash: _____ Check #: _____ Received by: _____