

Faith Formation Registration Form 2018-2019

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

Please enroll us in: Classroom Model Family Program Other (by prior arrangement with Faith Formation Director)

Information for Mailings *Please print clearly*

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

Address: _____ City: _____ Zip: _____

Primary or home phone #: _____

Primary email address: _____

(please list an address that is checked regularly)

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

Parents are: married separated divorced remarried mother deceased father deceased other: _____

Father's name : _____ Cell phone # _____

Mother's name: _____ Cell phone #: _____

Step-parent name: _____ Cell phone #: _____

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

Mailing title (please circle) M/M Mr. Mrs. Ms. other: _____

If parents are separated or divorced, please include the following information of the non-custodial parent.

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 Office help

Monday evening: Catechist Aide Office help

Vacation Bible School Generations of Faith Sacramental Retreats

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, 2018.**

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 may be used for the parish's written or electronic publications.
To opt out of photographs, initial here: _____*

for office use only

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