

Faith Formation Registration Form 2019-2020

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, 2019.**

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.
If you DO NOT want to have photos of your family included in publications, initial here:*

<i>for office use only</i>		
Date Form Received: _____	Amount Enclosed: _____	
Cash: _____	Check #: _____	Received by: _____