

WHOLE PARISH FAITH FORMATION
2009 – 2010 HOUSEHOLD REGISTRATION FORM

Please call 508-278-3777 if you have any questions regarding this registration form.

FAMILY LAST NAME: _____

| Child's Name | Grade entering Fall 2009 | Age as of Aug. 31, 2009 | Gender (Circle) | Food or Latex Allergies & Special Needs – ex. ADD, ADHD, etc. | Where Child Attends School |
|--------------|--------------------------|-------------------------|-----------------|---|----------------------------|
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PARENTS' NAMES:

Mother: _____ Catholic Y / N Maiden Name: _____

Father: _____ Catholic Y / N

(If no, please state Church Denomination _____)

Address: _____
 (Street address (PO Box #) Town State Zip)

Home Phone: _____ Cell Phone: _____ Emergency Phone # _____

Email: _____

I would like to **volunteer** to help at the Faith Formation Assemblies: Please call me to discuss what I can do to help? My name is: _____

Please indicate below if you have a family member to register in one of the Sacramental Preparation Programs:

____ Infant Baptism Name: _____ D.O.B. _____

____ First Reconciliation Name: _____ D.O.B. _____

____ First Eucharist Name: _____ D.O.B. _____

____ Confirmation Name: _____ D.O.B. _____

____ R.C.I.A. Name: _____ D.O.B. _____

(RCIA – If someone in your household is considering becoming Catholic, please let us know. We will be happy to speak with them)

FEES are \$100.00 per family for five assemblies. (Payment arrangements can be made).

\$ 50.00 per individual for five assemblies.

\$ 15.00 per person per person/per assembly (for those wishing to attend once in a while).

Please make check out to St. Mary Church. Thank you.

For St. Mary's Faith Formation Office Use Only:

Date Received: _____ Check # _____ Check Amount: _____

Or if by payments: _____ Check # _____ Check Amount: _____

It is the policy of St. Mary Church to welcome all.

No one will be denied due to financial constraints. Kindly inform us of any needs.

