

Family Last Name _____

Parish Membership _____

Faith Formation Program Registration Form

Site: Holy Name, West Union (SJTWC)

Year: 2020 - 2021

Father's Full Name		Religion
Mother's Full Name		Religion
Mother's Maiden Name		
Address		City
State/Zip		E-mail
Mother Cell Phone#		Father Cell Ph#
Non-custodial Parent		Religion
Address		City
State/Zip		E-mail
Cell Phone#		Other Phone#
EMERGENCY CONTACT NAME		Relationship
Home Phone#		Cell Phone#

<i>Children/Youth to Register First, Middle, Last Name Please</i>	<i>Birth Date</i>	<i>Gender</i>	<i>Age</i>	<i>Grade</i>	<i>Baptism</i>	<i>Reconciliation</i>	<i>Communion</i>	<i>Confirmation</i>
1.					Yes/No	Yes/No	Yes/No	Yes/No
2.					Yes/No	Yes/No	Yes/No	Yes/No
3.					Yes/No	Yes/No	Yes/No	Yes/No
4.					Yes/No	Yes/No	Yes/No	Yes/No
5.					Yes/No	Yes/No	Yes/No	Yes/No

Please list all persons living in your home:

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes or utilize a 504 or IEP Plan in the public school? Yes No

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Faith Formation training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$25/ student + \$20 sacramental fee, if applicable.

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

Please mark this box if you would be willing to be contacted for various supplies for the Faith Formation program as needed.

SACRAMENTAL PREPARATION: There is an additional sacramental fee of \$20/sacrament. First Reconciliation & First Eucharist:

_____ will be preparing for the
Sacraments of Reconciliation & Eucharist.

Confirmation:

_____ will be preparing for the
Sacrament of Confirmation.

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For Internal Use Only:

Amount Paid _____ Date Paid _____

Cash/Check _____

Sacramental Fee (if applicable) _____

Consent Forms

Dual Parent Reporting

Please describe any requests regarding reporting to both parents in situations when the child does not reside with both parents:

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to Holy Name/St. Joseph the Worker Cluster for the use of any videos, photographs, or similar items in which my child/children might appear, or statements made by them, to be used on the parish website, parish bulletin, or parish social media.
Note: no children's names will be published without prior consent.

Parent/Guardian signature

Date