

Faith Formation Program Registration Form

Site: St. Mary Catholic Church, Strawberry Point

Year: 2020-2021

<i>Child's Full Name</i>	<i>Birthday:</i>	
<i>Gender:</i>	<i>Age:</i>	<i>Grade:</i>
<i>Father's Full Name</i>	<i>Religion</i>	
<i>Mother's Full Name</i>	<i>Religion</i>	
<i>Mother's Maiden Name</i>		
<i>Address (of custodial parent)</i>	<i>City</i>	
<i>State/Zip</i>	<i>E-mail</i>	
<i>Home Phone</i>	<i>Cell Phone Mother:</i>	<i>Cell Phone Father:</i>
<i>Non-custodial Parent (if applicable)</i>	<i>Religion</i>	
<i>Address</i>	<i>City</i>	
<i>State/Zip</i>	<i>E-mail</i>	
<i>Home Phone</i>	<i>Cell Phone</i>	
<i>EMERGENCY CONTACT</i>	<i>Relationship</i>	
<i>Home Phone</i>	<i>Cell Phone</i>	

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 \$50.00/student (\$150.00 maximum/family)

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

SACRAMENTAL PREPARATION: *There is no additional sacramental fee.*

First Reconciliation & First Eucharist:

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

Child was baptized at: _____
Parish and Location

If baptized outside of Emmaus Pastorate, please provide a copy of their baptismal certificate.

Confirmation:

_____ will be preparing for the
Sacrament of Confirmation.

Child was baptized at: _____
Parish and Location

If baptized outside of Emmaus Pastorate, please provide a copy of their baptismal certificate.

Consent Forms

Media Release and Authorization

I understand that by signing this Release and Authorization I hereby grant authority to
St. Mary Parish, Strawberry Point, Iowa and the Emmaus Pastorate
for the use of any videotapes, photographs, or similar items in which my child/children
might appear, or statements made by them, in the production, display or sale of public
service announcements.

Parent/Guardian signature

Date

For Internal Use Only:

Amount Paid _____

Date Paid _____

Cash/Check _____

Plans for Future Payment:

