

Child lives with: ___Both Parents ___Father ___Mother ___Other: _____

Who is responsible for this child's Mass attendance and practice of his/her religion?

I prefer to receive email instead of U. S. Mail: Yes No *(please circle one)*

Family email: _____

Any special family circumstances that may affect attendance at Mass or Faith Formation?

Are there any restrictions regarding adults who may not pick up the child from Faith Formation activities? If so, please provide those names.

IN CASE OF AN EMERGENCY and in the event the parents or legal guardian cannot be reached, please contact: *must be completed*

Name _____ Phone _____

Relationship to child _____ Cell Phone _____

FAITH FORMATION FEES:

One student \$30.00

Two students \$55.00

Three or more students \$75.00

No student will be denied admittance to the program for financial reasons. Please speak with the Director of the Program to discuss assistance.

Both parents/guardians please read and sign below:

I understand my responsibility in helping my child _____ to learn and practice the Catholic Faith. I will bring him/her to all the Faith Formation functions (class, Mass and special activities) listed on the calendar. I will also review the classwork and prayers with them at home.

Signed _____

Date _____ Father/Guardian

Doate _____ Mother/Guardian

08/06/2020