

St. Hugh of Grenoble Parish  
School of Religion  
145 Crescent Road  
Greenbelt, MD 20770

Contact Rohanie Bacchus at  
[sthughschoolofreligion@gmail.com](mailto:sthughschoolofreligion@gmail.com)  
301-275-6424 leave text/voice message  
Rectory 301-474-4322 leave message



Faith Formation Registration 2020-2021  
Please fill out a form for each child you are enrolling  
in Faith Formation on Sundays 10:45am-12:00pm.

Cost: \$125 for 1 child  
\$200 for 2 children  
\$250 for 3 or more children

**Class starts September 20**

**Please print all information clearly on both forms.**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
# Street Address Apt. # City & Zip Code

Circle one: Male/Female Grade entering school in the August 2020: \_\_\_\_\_

Last year and location where the student attended Faith Formation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ Were Parents Married in the Church Y / N: \_\_\_\_\_

Are you registered in St. Hugh Parish? \_\_\_\_\_ Envelope # \_\_\_\_\_ Mass your family attends \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Sacramental Information**

Birthplace: \_\_\_\_\_  
Date Hospital City State Country

Full Baptismal Name: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church Address City State Country Roman Catholic (Y/N)

**Copy of Baptismal Certificate (if not at St. Hugh) is necessary to register your child in the program**

1<sup>st</sup> Penance & 1st Communion: \_\_\_\_\_  
Date Church City State Roman Catholic (Y/N)

Does this child have any allergies, special needs, health concerns? If so, please describe.  
\_\_\_\_\_

Please tell us anything that would help make this a program that works for your child.  
\_\_\_\_\_

*Number of children in your family enrolling:* \_\_\_\_\_ *Total Amount:* \$ \_\_\_\_\_

PLEASE COMPLETE *Publicity Release Form*

Contact Rohanie 301-275-6424 Mail or drop-off forms & payment to **St. Hugh, 135 Crescent Rd, Greenbelt, MD 20770**

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**OFFICE USE ONLY** Amt. Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date received \_\_\_\_\_

Person received payment/Notations: \_\_\_\_\_