

HOLY ANGELS & SACRED HEART 2020-2021

FAITH FORMATION REGISTRATION FORM

Family Enrollment \$30
****Make Check payable to Holy Angels Church****

R.E. Office Use
 Paid by Check
 Paid Cash
 Unpaid
 Initials of Recipient _____

Father's Full Name: _____ Religion: _____

Work Phone: (_____) _____ Home/Cell Phone: (_____) _____

*Email(s): _____ Parish: _____

Mother's Full Name: _____ (Maiden Name) _____ Religion: _____

Work Phone: (_____) _____ Home/Cell Phone: (_____) _____

*Email(s): _____ Parish: (if different than Father's) _____

Mailing Address: _____

Child(ren) resides with: Both Parents Father Mother Other

IMPORTANT: If the contact information for the responsible adult that is overseeing the child(ren) in Faith Formation is different than above, please provide their contact information.

PERSON OF CONTACT: _____

By: Email _____ Contact Number: _____

Mailing Address: _____

_____ I give permission for my email address and phone number to be registered in Flocknote.

STUDENT(S) INFORMATION

NOTE: Children should have received **two years** of Faith Formation (CCD) prior to entering into a sacramental class.
 Please contact Fr. Wyble if you have any questions.

CHILD'S FULL NAME (First, Middle, Last)	D.O.B.	Grade in school Fall 2020	Faith Formation Level Fall 2020

DETAILED STUDENT INFORMATION

1st Child's Name: _____ **Called By:** _____ **Current Age:** _____

SACRAMENT	DATE (OR NONE)	PARISH (CITY, STATE, CONTACT #)
BAPTISM		
HOLY COMMUNION		
CONFIRMATION		

NOTE: the following information helps us with the archdiocesan Child Assessment as well as providing the best teaching methods possible. This information will be kept confidential.

Does your child have any medical issues or delayed learning challenges? _____

Does your child have an IEP at school or are they currently being tested? If yes please explain. _____

Has your child been diagnosed with ADD or ADHD? YES NO

Would a parent or guardian like to share any other concerns not noted above? _____

2nd Child's Name: _____ **Called By:** _____ **Current Age:** _____

SACRAMENT	DATE (OR NONE)	PARISH (CITY, STATE, CONTACT #)
BAPTISM		
HOLY COMMUNION		
CONFIRMATION		

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Does your child have any medical issues or delayed learning challenges? _____

Does your child have an IEP at school or are they currently being tested? If yes please explain. _____

Has your child been diagnosed with ADD or ADHD? YES NO

Would a parent or guardian like to share any other concerns not noted above? _____

**Are there any other sacramental needs in the family?

Baptism Holy Communion Confirmation Sacramental Marriage

CONSENT TO ACT IN CASE OF EMERGENCY

I, _____ authorize the staff at Holy Angels or Sacred Heart (salaried or volunteer) to administer First Aid to my child(ren) in case of an urgent event. I understand every effort will be made to contact myself or another listed authorized adult.