

**Immaculate Heart of Mary Parish**  
24 Sacred Heart Place, Auburn, ME 04210  
**Faith Formation Registration Form 2020-2021**

Session we will attend:  
Sunday St. Philip \_\_\_\_\_  
Sunday Sacred Heart \_\_\_\_\_

**STUDENT'S FULL NAME:** \_\_\_\_\_

First Full Middle (not just initial) Last Suffix

DOB: \_\_\_\_\_ Male  Female  School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SACRAMENTS**

**Baptism\*\*:** Yes  No

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation:** Yes  No

**First Eucharist:** Yes  No

*Please list any medical conditions, severe allergies, special needs, learning differences, etc.:*

**STUDENT'S FULL NAME:** \_\_\_\_\_

First Full Middle (not just initial) Last Suffix

DOB: \_\_\_\_\_ Male  Female  School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SACRAMENTS**

**Baptism\*\*:** Yes  No

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation:** Yes  No

**First Eucharist:** Yes  No

*Please list any medical conditions, severe allergies, special needs, learning differences, etc.:*

**STUDENT'S FULL NAME:** \_\_\_\_\_

First Full Middle (not just initial) Last Suffix

DOB: \_\_\_\_\_ Male  Female  School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SACRAMENTS**

**Baptism\*\*:** Yes  No

Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

**Confirmation:** Yes  No

**First Eucharist:** Yes  No

*Please list any medical conditions, severe allergies, special needs, learning differences, etc.:*

Contact Jonnie Clark at [jonnie.clark@portlanddiocese.org](mailto:jonnie.clark@portlanddiocese.org) or 207-782-8096 ext. 1202 for any questions.

**\*\*COPY OF BAPTISMAL CERTIFICATE REQUIRED FOR ANY CHILD WHO IS PREPARING FOR CONFIRMATION/FIRST COMMUNION.\*\***

**PLEASE CLEARLY PRINT ALL INFORMATION:  
INFORMATION IS CONFIDENTIAL**

**PRIMARY E-MAIL ADDRESS:** \_\_\_\_\_ (e-mail address checked most often)

<b>FATHER'S FULL NAME:</b> Mr./Dr. _____			
First	Middle	Last	
Mailing Address: _____			
Telephone: _____		_____	
Home	Cell	Work	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N

  

<b>MOTHER'S FULL NAME:</b> Ms./Mrs./Dr. _____			
First	Middle	<b>Maiden</b>	Last
Mailing Address: _____			
Telephone: _____		_____	
Home	Cell	Work	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N

**Medical Release**

I give my permission to have the child/children listed on this form transported by ambulance to a medical facility in the event of illness, injury and/or medical emergency. I also agree that he/she/they may, if needed, be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Immaculate Heart of Mary Parish of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Legal Guardian

**Photography Waiver**

I give permission to have the child/children listed on this form photographed for various events throughout the year. Photos may be used in promotional and informational material about Faith Formation at Immaculate Heart of Mary Parish.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Legal Guardian

**I Want to Volunteer!**

Teacher      Teacher's Aide      Substitute Teacher      Children's Liturgy of the Word Helper

**Donation**

A donation of \$20.00 per child helps offset the cost of providing the curriculum and materials for this program. If you are unable to afford this, please do not let that be a hindrance to participating in the program. We would much rather have you and your children here than have your money!