



faith formation REGISTRATION FORM

PROGRAM CHOICE:



TUESDAY PROGRAM



HOMESTUDY

Child's Full Name:

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First

Middle

Last

Date of Birth:

____/____/____

Age:

Grade:

Name of School child Attends

Last grade level completed in Faith

Formation/Catholic School

**Father's
Name**

--	--	--	--

First

Middle

Last

Religion

**Mother's
Name**

--	--	--	--

First

Middle

Last

Religion

--

Maiden

Child's Address

--

street address

--	--	--

city

state

zip

CATHOLIC INFORMATION

**Are you registered
Members at SMOM?**

☐

Yes

☐

NO, we are registered at this
church: _____

☐

Unsure

**Is the Child
Baptized?**

☐

YES:

Baptized at this church: _____

Church is located (city) _____

Bap. Date: ____/____/____

☐

NO

**sacraments your child has
celebrated:**

☐

PENANCE

☐

COMMUNION

☐

CONFIRMATION

sacraments happen at the age of reason (whenever the child is ready and has participated in a year of religious studies through Faith Formation or a Catholic School in the year leading up to receiving sacraments)

The church has guidelines at the youngest age kids can receive certain sacraments

**sacraments you want to receive more
information about or that your child should
receive this year**

☐

PENANCE
STARTING AT
2ND GRADE

☐

COMMUNION
STARTING AT
2ND GRADE

☐

CONFIRMATION
STARTING AT
8TH GRADE

**TURN
OVER**

CONTACT AND SAFETY

Parental Guardian's

Name: _____ relationship to candidate _____

Email: _____ Phone Number: _____

communication will be done primarily through email- so check often. If you NEED additional modes of communication, check your preference

☐ call ☐ text

The following contacts are people important to my child's faith journey and people who need to be included in communication. They will receive information regarding meetings and other information as well as the parent above

Contact's Name: _____ relationship to candidate _____

Email: _____ Phone Number: _____

communication will be done primarily through email- so check often. If you NEED additional modes of communication, check your preference

☐ call ☐ text

Contact's Name: _____ relationship to candidate _____

Email: _____ Phone Number: _____

communication will be done primarily through email- so check often. If you NEED additional modes of communication, check your preference

☐ call ☐ text

List all persons other than the above contacts that have the authority to pick up your child from Faith Formation:

Full Name _____ relationship to child _____ Phone: _____

Full Name _____ relationship to child _____ Phone: _____

Full Name _____ relationship to child _____ Phone: _____

CLASS POLICY

In making this decision to enroll my child at St. Mary our Mother's Faith Formation program, I acknowledge my responsibilities as follows:

- to support and encourage my child in this program
- to make **religion class a priority**
- to **participate in weekly Mass**
- to pray for and with our children in our family setting
- to participate in the life of our Parish community!

I have read the policy and will try our best to adhere to it! ☐ NO ☐ YES

Parent Signature

Payment due with this form:

1 child - \$50

2 children- \$75

3 or more- \$100

☐ Check ☐ Cash

received payment on: