



Presentation of the Blessed Virgin Mary Parish Children's Faith Formation Registration

**NEW STUDENT FAITH FORMATION REGISTRATION 2017-2018
PLEASE PRINT**

Child's Full Name (Last Name, First Name & Middle Name)	M/F	Grade	Attended RE Last Year Yes/No	Birth Date	Please Circle Sacraments <u>Already Received</u>
					Baptism Communion Confirmation

School Attending: _____ Grade _____

Child's Place of Baptism (if applicable): _____ City: _____ State: _____

Date of Baptism ____/____/____ Child's Place of Birth: City: _____ State: _____

Parish & Location of 1st Holy Communion*(if applicable): Parish: _____ City: _____ State: ____ Date: ____/____/____

***A COPY OF THE CERTIFICATES MUST BE ON FILE IN THE FAITH FORMATION OFFICE**

Father's Last Name _____ Father's First Name _____

➤ Father's Work Phone # _____ Father's Cell Phone # _____ Father's Email _____

Mother's Last Name _____ Mother's First Name _____ Maiden Name _____

➤ Mother's Work Phone # _____ Mother's Cell Phone # _____ Mother's Email _____

Home Address _____

City _____ Zip _____ Home Phone # _____

Emergency Contact Name _____ Relation to Parents _____ Phone # _____

People who can pick up student(s): Name: _____ Name: _____

**Tuition: \$85.00 per student \$115.00 per family 2 or more students
\$30.00 for Sacramental Prep. Fee (1st Communion & Confirmation Students)**

Official Use Only: PAID Cash _____ Check # _____

FIRST YEAR STUDENT: _____

Notes _____

Baptismal Certificate received: Yes _____ No _____

1st Communion Certificate rec: Yes _____ No _____

Date Registration Submitted ____/____/____

2017-2018 MEDICAL RELEASE & GENERAL CONSENT FORM

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

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Primary Doctor's Name: _____ City: _____ Phone #: _____

Insurance Company: _____ Card and/or Group Number: _____

Child's Full Name (Last Name, First Name & Middle Name)	So that we can best serve your child, please list any known conditions that we should be made aware of (i.e. Learning Disabilities, Allergies, Medications taken, Medical, Physical, Emotional, Behavioral, etc.)

ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request the above-named participant(s) be allowed to attend church related activities with Presentation of the Blessed Virgin Mary Catholic Church. I _____, the parent /guardian of _____ do hereby give permission for him/her to attend Faith Formation /Sacramental Preparation classes and to be treated for a medical emergency in my absence while participating in the Faith Formation program. The adult supervisor may act as an agent in my absence.

Father's Printed Name _____ Father's Signature _____ Date: _____

Mother's Printed Name _____ Mother's Signature _____ Date: _____