

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

**NEW STUDENT  
FAITH FORMATION  
2018-2019**



**PLEASE PRINT**

Child's Full Name (Last Name, First Name & Middle Name)	M/F	Grade	Birth Date	Please <b>Check</b> Sacraments <u>Already Received</u>
				Baptism      Communion      Confirmation

*Please indicate the date, parish, city, and state of the Sacraments already received.*

*A copy of the completed Sacrament certificates must be submitted to the Faith Formation Office!*

SACRAMENT	DATE	PARISH	CITY	STATE
Baptism				
First Communion*				
Confirmation*				

**\*IF APPLICABLE**

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 \$130.00 per family 2 or more students**

**\$30.00 for Sacramental Prep. Fee (1<sup>st</sup> Communion & Confirmation Students)**

Official Use Only: PAID by: Cash \_\_\_\_\_ Check # \_\_\_\_\_ PayPal \_\_\_\_\_  
 Baptismal Certificate received: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Communion Certificate received: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Confirmation Certificate received: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Certificates Seen by: \_\_\_\_\_  
 Notes \_\_\_\_\_

**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. <b>Learning Disabilities, Allergies, Medications taken, Medical, Physical, Emotional, Behavioral, etc.</b> )

**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: \_\_\_\_\_

*Forms must be signed electronically if submitted by e-mail!*  
 Submit complete and signed forms to [sid@presentationparish.org](mailto:sid@presentationparish.org).  
 Please indicate "New Student Faith Formation Enrollment" in the subject line. Thank you!