



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

Returning 2017-2018 STUDENT FAITH FORMATION

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 Already Received
					Baptism Communion Confirmation
					Baptism Communion Confirmation
					Baptism Communion Confirmation
					Baptism Communion Confirmation

***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 # _____

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

2017-2018 MEDICAL RELEASE & GENERAL CONSENT FORM

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

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Official Use Only: PAID Cash _____ Check # _____

Returning Student/ Family: _____

Notes _____

On file: Yes _____ No _____

Date Registration Submitted ____/____/____

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 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: _____