

Faith Formation Registration for 2010-2011

<u>Session</u>	<u>Fee</u>
Cluster	\$45.00 per child

OFFICE USE ONLY	
Check Number _____	
Credit Card _____	Fee _____
Amount \$ _____	Date Received ____/____/____

****FAMILIES MUST BE REGISTERED WITH THE PARISH****

Student Name: _____	Entering Grade: _____
Was this child baptized in the Catholic Church? Y/N If no, please explain:	
Date of Birth: ____/____/____	Allergies: : _____ Medications: _____
Student Name: _____	Entering Grade: _____
Was this child baptized in the Catholic Church? Y/N If no, please explain:	
Date of Birth: ____/____/____	Allergies: : _____ Medications: _____
Student Name: _____	Entering Grade: _____
Was this child baptized in the Catholic Church? Y/N If no, please explain:	
Date of Birth: ____/____/____	Allergies: : _____ Medications: _____
Student Name: _____	Entering Grade: _____
Was this child baptized in the Catholic Church? Y/N If no, please explain:	
Date of Birth: ____/____/____	Allergies: : _____ Medications: _____
Student Name: _____	Entering Grade: _____
Was this child baptized in the Catholic Church? Y/N If no, please explain:	
Date of Birth: ____/____/____	Allergies: : _____ Medications: _____

Family Information:

Please fill out completely and clearly

Family's Last Name: _____

Father's Name: _____

Religion: _____

Mother's Name: _____

Religion: _____

Mailing Address: _____

Name of Residential Development: _____

Phone Numbers:

(H): _____ (W): _____ (C): _____

E-mail: _____ 2nd E-mail: _____

Emergency contact:

_____ Relationship: _____ Phone: _____

Family Status: ___ Two-parent Family ___ Single-parent Family ___ Blended Family

Second mailing address: _____

Is there a Parent Custodial Order? If so, please explain:

Please indicate any special needs or learning differences your child has:

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date

Parent/Guardian Signature

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