

Faith Formation Registration for 2010-2011

<u>Session</u>	<u>Fee</u>
Generations of Faith Plus (\$45.00 per child Home Program fee)	\$30.00
Home Program	\$45.00

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

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

Total Family Faith Formation (Pre-K thru 12th and Adult)
Includes a Potluck dinner break out by grade and a parent component
Monthly Meeting 1st Saturday of the month 6:30pm – 9:00pm
or 1st Sunday of the month 4:00pm – 6:30pm

Family Name: _____ **Adult/s Attending** _____

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:** _____

Student Name: _____ **Entering Grade:** _____

Was this child baptized in the Catholic Church? Y/N If no, please explain:

Date of Birth: ____/____/____ **Allergies: :** _____ **Medications:** _____

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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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