Faith Formation Registration Form 2025-2026

This is a confidential form used only for planning purposes and emergency situations.

| lease ✓ check your parish: | St. Andı | rew's S | t. John's | St.Mary | 's St. Michael's | |
|---|-------------------------------|----------------|--|------------|------------------|--|
| PART I: Registration | | | | | | |
| Primary Address | | | Primary Address | | | |
| Father/Guardian: | 1 9 . | | | | | |
| Father/Guardian:Address: | | | Address: | | | |
| Addi css. | | | Addi ess | | | |
| Cell Phone: | | | | | | |
| E-mail: | | | | | | |
| Can you receive texts? Yes No | Can you receive texts? Yes No | | | | | |
| Would you like texts in: English Spanish | | | Would you like texts in: English Spanish | | | |
| Name of Child | | - | | | | |
| Grade of Child (School Year: 2025-26 | 5) | Date of Birth | | Gender: M | F | |
| Have they been baptized? Ye | - | | | | | |
| Have they received 1st Eucharist? Ye | es No | | | | | |
| Have they been Confirmed? Ye | es No | | | | | |
| Name of parish where baptized | | | | | | |
| | | | Year baptiz | zed | | |
| Special Needs/Health Issues/Allergies | | | | | | |
| Name of Child Grade of Child (School Year: 2025-26) Have they been baptized? Have they received 1st Eucharist? Have they been Confirmed? Year | es No es No es No | | | Gender: M | F | |
| Name of parish where baptized | | | 37 1 4 | 1 | | |
| | | | Year baptized | a | | |
| Special Needs/Health Issues/Allergies | | | | | | |
| Name of Child Grade of Child (School Year: 2025-26 | 0 | Date of Birth | | Gender: M | | |
| Have they been baptized? Ye | - | Date of Diffil | | Gender. Wi | • | |
| Have they received 1st Eucharist? Ye | | | | | | |
| Have they been Confirmed? | | | | | | |
| N | | | | | | |
| City/state/country where baptized | | | Year hanti | zed | | |
| Special Needs/Health Issues/Allergies | | | | | | |
| Name of Child | | | | | | |
| Grade of Child (School Year: 2025-26 | 5) | Date of Birth | | Gender: M | F | |
| Have they been baptized? Ye | es No | - | | | | |
| Have they received 1st Eucharist? Ye | es No | | | | | |
| Have they been Confirmed? Ye | es No | | | | | |
| Name of Parish where baptized | | | | | | |
| City/state/country where baptized | | Year | baptized | | | |
| Special Needs/Health Issues/Allergies | | | | | | |

Part II: Emergency Contact I authorize the person listed below to act on my behalf if I am not able to be contacted: Name: _______Relationship: _____ Phone # (____) Work Phone # (____) Hospital/Medical Center:_____ Phone #: (___)___ Part III: Fees* \$70 Fees for **One** Child + \$20 more for 1st Communion or Confirmation student \$120 Fees for **Two** Children + \$20 more for 1st Communion or Confirmation student \$150 Fees for **Three** Children + \$20 more for 1st Communion or Confirmation student Fees for **Four** Children \$180 + \$20 more for 1st Communion or Confirmation student *We have many places in which we could use parent helpers. If you would like to be a parent-helper once a month, we would gladly waive your tuition fee for one child in exchange for your help! If you are interested, please contact Juliann, Rita, or Pedro! * If payment of fees presents a difficulty for your family, please contact Juliann, Rita, or Pedro for options! Part IV: Consent **Photograph and Video Consent** From time to time, pictures or videos may be taken of Faith Formation or Youth Ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the church websites. Written consent by the parent/guardian is required. Names will not be posted unless written authorization is given by the parent/guardian. If there are concerns about pictures or videos posted on the website, please contact the parish and they will promptly be removed. I, the parent/guardian of this/these youth/s (name/s) ______, authorize and give full consent, without limitation or reservation, to the One In Faith:4 parishes (St. Andrew's, St. John's, St. Michael's, St. Mary's) to publish any photograph or video in which the above named student/s appears while participating in any program associated with OIF Faith Formation and/or Youth Ministries. There will be no compensation for use of any photograph or video at the time of publication or in the future. I, the parent/guardian of this/these youth/s (name/s) , do **not** wish for child's photo be published. Parent/Guardian Signature: Print Name: Date: **Parochial School Parents:**

You do not need to register your K-6 children on this form. Your fees for grades K-6 are included in your Tuition Fee at St. Mary's School and St John's/St. Andrew's School.

Thank you!

Juliann Heller, Interim Faith Formation Coordinator Rita Meyer, Faith Formation Administrative Assistant Pedro Hernandez, Office Assistant (bi-lingual)

| OFFICE USE ONLY: |
|------------------|
| Date: |
| Initials: |
| Amount: |
| Method: |
| Cash: |
| Check # |
| Other: |
| |
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