2022-2023 FAITH FORMATION REGISTRATION FORM
Church of St. Mary at Clinton Heights - 163 Columbia Turnpike - Rensselaer, NY 12144

Phone: 518 449-2232 x 12   **Email: maureenbilla@stmaryny.org**   **Website: www.stmaryny.org**

PARTICIPANT INFORMATION

PARTICIPANTS NAME: _____   MAIN PHONE: _____

MAILING ADDRESS: _____
(STREET &/or PO BOX ADDRESS)   (TOWN)   (STATE)   (ZIP CODE)

EMAIL ADDRESS: _____ D.O.B: _____ GENDER: _____

SCHOOL: _____ GRADE (FALL 2022): _____ CITY & STATE OF BIRTH: _____

CURRENT PARISH YOUR FAMILY IS REGISTERED: _____

PARENTAL/GUARDIAN INFORMATION

PARENT NAME: _____ LIVING? _____ RELIGION: _____
(MAIDEN NAME)

PARENT NAME: _____ LIVING? _____ RELIGION: _____

PHONE: _____
(HOME)   (CELL)   (WORK)

PARENTS MARITAL STATUS: MARRIED   SEPARATED   DIVORCED   WIDOWED   NONE

IF DIVORCED OR SEPARATED:

CUSTODIAL PARENT: _____ TO WHOM SHOULD PARENT'S MAIL BE SENT: _____

IF PARTICIPANT IS NOT LIVING WITH PARENTS:

GUARDIAN: _____ RELATIONSHIP: _____

MEDICAL INFORMATION PLEASE INDICATE ANYTHING WE SHOULD KNOW ABOUT THE PARTICIPANT

ALLERGIES: _____

MEDICATION: _____

OTHER: _____

EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN LISTED ABOVE

NAME: _____ RELATIONSHIP: _____

PHONE: _____
(HOME)   (CELL)   (WORK)

SACRAMENTAL INFORMATION

BAPTISM: _____
(DATE)   (PARISH)   (CITY & STATE)

FIRST RECONCILIATION: _____
(DATE)   (PARISH)   (CITY & STATE)

FIRST EUCHARIST: _____
(DATE)   (PARISH)   (CITY & STATE)

CONFIRMATION: _____
(DATE)   (PARISH)   (CITY & STATE)

PERMISSION FOR PHOTOGRAPHS

☐ Check here if you authorize and give consent for the taking of pictures (moving or still) for your child and further give permission for the reproduction of photos for teaching purposes, publication, and news release etc.

☐ Check here if you authorize and give consent for participation in a hybrid formation program, offering both in-person and virtual sessions.

As the parent/guardian and the primary educator of my child's faith, **I will encourage and support my child along with the parish faith formation program, by regularly bringing my child to scheduled sessions, and activities, as well as encouraging my child to participate actively in community service and Sunday liturgies.**

I am also aware of the **REGISTRATION FEES: Registered families at the Church of St. Mary or St. John/St. Joseph; $65.00 per child, $100.00 for two + children Non-Registered families, $75.00 per child; $125.00 for two + children**.

If this fee is a hard ship I will, as a parent/guardian, support the faith formation program by giving of my time and talent.

Signature: _____   ___/___/_____
(PARENT or GUARDIAN)   (DATE)