

2018-2019 FAITH FORMATION REGISTRATION FORM
Church of St. Mary at Clinton Heights - 163 Columbia Turnpike - Rensselaer, NY 12144

Office of Evangelization & Catechesis
518 449-2232 x 12 Fax 518-449-2234

Email: maureen@stmaryny.org
Website: www.stmaryny.org

PARTICIPANT INFORMATION

PARTICIPANTS NAME: _____ HOME PHONE: _____

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

EMAIL ADDRESS: _____

SCHOOL: _____ GRADE (FALL 2018): _____

D.O.B: _____ CITY & STATE OF BIRTH: _____ GENDER: _____

PLEASE INDICATE CURRENT PARISH YOUR FAMILY IS REGISTERED: _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S NAME: _____ RELIGION: _____ LIVING? _____
(MAIDEN NAME)

FATHER'S NAME: _____ RELIGION: _____ LIVING? _____

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

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) (WORK) (CELL)

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.

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, retreats and workshops, as well as encouraging my child to participate actively in community service and Sunday liturgies.

I am also aware of the registration fees, \$45.00 per child, \$60.00 for two children with a cap of \$75.00 per family. 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)