

**2021-2022 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](mailto:maureenbilla@stmaryny.org)

Website: [www.stmaryny.org](http://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 2021): \_\_\_\_\_ 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; \$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)