General Religious Ed Registration for 2019-2020

***Child’s Info***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Middle Name** | **Last Name** | **Parish** | |
|  |  |  |  | |
| **Home Address** | | **City, State** | | **Zip** |
|  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **Birthday and Year** | **Grade entering in Fall 2019** | **Catholic School?** |
|  |  | ☐ No ☐ Yes - If yes: ☐ St. Joseph School ☐ Other: |

***Sacramental Info***

|  |  |
| --- | --- |
| **Baptism Date** | **Parish where Baptism took place** |
|  |  |
| **1st Penance Date** | **Parish where 1st Penance took place** |
|  |  |
| **1st Communion Date** | **Parish where 1st Communion was received** |
|  |  |

**Circle One:**

***Monday Program (K-5) Family of Faith (K-7 Home study)***

*4:45pm-6:00pm* *Family Home Study with*

*During the school year Mass and large group gathering*

*Held at St. Hyacinth’s School one Sunday a month* ***in home parish***

*Start Date: September through May*

*September 9, 2019 Circle parish: St. Mary’s St. Alphonsus Sacred Heart*

*St. Mary and Martha*

***Monday EDGE Program (6-7) Monthly/Summer (K-7)***

*4:45pm – 6:00pm 5 Monthly Gatherings in home parish*

*During the school year Concludes with Summer Session*

*Held at St. Hyacinth’s School August 3-14, 2020*

*Start Date: Circle parish: St. Mary’s St. Alphonsus Sacred Heart*

*September 9, 2019 St. Mary and Martha*

**The registration fee is $50 for 1st Child, $30 for 2nd, $100 maximum per family**

**Checks should be written out to “Faith Formation”.**

**Mail registration forms to: Faith Formation, 15 Clark St, Auburn, NY 13021**

\*If you cannot afford the registration fee, please call the Faith Formation Office at 315-252-3439

\*Finances will not keep a child(ren) from participating in Faith Formation

***Child’s Health and Safety Info***

|  |  |
| --- | --- |
| **Physician’s Name** | **Physician’s Phone Number** |
|  |  |
| **Does your child have any allergies or special needs? (Feel free to attach a note if you like)** | |
| *All medications, epipens, etc must remain in the Religious Education Office for safekeeping during the program.*  *\*NKDA = No Known Drug Allergies* | |
| **Emergency Contact (If the parents aren’t available)** | **Emergency Contact’s Phone Number** |
|  |  |

***Who else has your permission to pick up your child at dismissal time?***

***Do you have any objections to your child’s photo being taken and/or displayed in church for special events? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_***

***Family Info***

|  |  |  |
| --- | --- | --- |
| **Mother’s Name** | **Mother’s best phone number (cell preferred)** | **Mother’s second best phone number (work/home)** |
|  |  |  |
| **Mother’s email address** | | |
|  | | |
| **Father’s Name** | **Father’s best phone number (cell preferred)** | **Father’s second best phone number (work/home)** |
|  |  |  |
| **Father’s email address** | | |
|  | | |

\*Please put at least one email down, as email one of our primary forms of communication.

☐ Married ☐ Divorced ☐ Separated

***Who is the primary contact (First person to call, email, etc.)?*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Anything else we need to know?***