

The Church of St. Mary
FAITH FORMATION PROGRAM
1407 N. Richmond Road
McHenry, IL 60050
815-385-0024

PLEASE PRINT ALL
INFORMATION

STUDENT REGISTRATION FORM 2018-2019

(PLEASE COMPLETE **ONE FORM FOR EACH CHILD** AND RETURN)

Student Name _____ BIRTHDATE ____/____/____
(Please Print) (MONTH) (DATE) (YEAR)

Please indicate name child is called, if child is not called by given name. _____

ADDRESS _____
Street City State Zip Code

PARENTS FULL NAME _____
(Please Print) Father's Name

Mother's Name (Maiden Name)

HOME PHONE _____ CELL PHONE - Father _____
(Please Print) (Please Print)
Mother _____
(Please Print)

PARENT "E-MAIL" ADDRESS _____ @ _____
(Please Print)

PREFERRED METHOD OF CONTACT: (PLEASE CIRCLE) Email / Home Phone / Cell Phone / Text

DOES THIS CHILD LIVE WITH BOTH PARENTS? YES / NO If not with whom? _____

SPECIAL NEEDS - MEDICAL - PLEASE LIST ON BACK SIDE

GRADE IN FALL OF 2018 _____ AT _____ SCHOOL

REGISTERING FOR FAITH FORMATION GRADE 1 2 3 4 5 6 7 8
(PLEASE CIRCLE)

Please Indicate the Sacraments Your Child has received:

BAPTISM

RECONCILIATION

EUCCHARIST

CONFIRMATION

Parish & LOCATION

Parish & LOCATION

Parish & LOCATION

Parish & LOCATION

DATE

DATE

DATE

DATE

CHILD ATTENDED F.F. IN 2017-2018 - at Saint Mary _____ YES / NO
IF NO, WHERE: _____

— Please complete OTHER SIDE

Please let us know of any -

**SPECIAL NEEDS/MEDICAL INFORMATION your child may have
SUCH AS: ALLERGIES/LEARNING DISABILITIES/A.D.D.**

EMERGENCY CONTACT PERSON

Name _____ **Relationship** _____

Phone _____ **Cell Phone** _____

MUST BE AVAILABLE DURING CLASS TIME

In the case of a Medical Emergency: If I or my Emergency Contact person cannot be reached I authorize the Director of Faith Formation or their Designee to obtain Medical Assistance:

The Director of Faith Formation has permission to photograph the minor designated above for any lawful purpose associated with the Faith Formation Program.

I AM INTERESTED IN VOLUNTEERING AS:

A CATECHIST, AIDE, or OTHER PARISH MINISTRY

Date of Registration _____

***Fees: One Child..... \$100.00
Two Children..... \$150.00
Three or more.... \$200.00***

Fee \$ _____
Amount Paid \$ _____
Amount Due \$ _____

Please note: Parents must be Officially Registered Parishioners of St. Mary Parish.

Church Envelope # _____

Parent or Guardian signature **Date** _____

(Must be signed to be considered complete)