

Last Name: _____ Date _____
 Father's Name: _____ Mother's Name: _____
 Mother's Maiden Name _____
 Address: _____
 City: _____ ZIP: _____ Email: _____
 Preferred Phone: _____ Additional Phone: _____
 Father's email _____
 Mother's email _____
 Child lives with: Both Parents _____ Mother _____ Father _____ Other _____
 Emergency Contact:#: _____
 Name: _____ Relationship: _____
 Are you a Registered Parishioner with St. Mary, Our Lady of the Snows Yes _____ *No _____

*If not, please request a Parish Registration form for you to fill out as well.

Has child attended any Faith Formation in the past? Yes _____ No _____
 If YES, where & how many years _____

CHECK SACRAMENTS RECEIVED (if any)

CHILD'S NAME	BIRTH DATE	GRADE (FALL)	BAPTISM	EUCCHARIST	RECONCILIATION	CONFIRMATION	NAME & LOCATION OF CHURCH WHERE SACRAMENTS WERE RECEIVED

FIRST CHOICE OF SESSIONS

SECOND CHOICE OF SESSIONS

TUESDAYS 4:30 _____ 6:15 _____

WEDNESDAYS 4:30 _____ 6:15 _____

SPECIAL NEEDS AND/OR MEDICATION (child's name, details & attach procedure/plan): DETAIL ON BACK OF FORM 

SPECIAL NEEDS AND/OR MEDICATION (child's name, details & attach procedure/plan here)



PERMISSION/CONSENT: (PLEASE CIRCLE 'Yes' or 'No' to each statement)

Yes _____ No _____

My child has my consent to participate in the annual "Circle of Grace" program which will be taught during the 2019/20 formation sessions in accordance with the AOD Safe Environments Office.

Yes _____ No _____

St. Mary may use my child(ren)'s likeness and/or name on the website and/or other publications of the parish.

PARENT NAME PRINTED _____

PARENT SIGNATURE _____

(REQUIRED TO COMPLETE REGISTRATION)

OFFICE USE ONLY

CHILD: _____
 Not Baptized
 Baptized, Catholic, no catechesis
 Baptized, non Catholic
 Denomination _____
 Other _____

_____ Baptized, Catholic Sacraments received
 Reconciliation Parish _____
 Communion Parish _____

BAPTISMAL CERTIFICATE REC'D _____
Date _____ Initial _____

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 Not Baptized
 Baptized, Catholic, no catechesis Parish _____
 Baptized, non Catholic
 Denomination _____
 Other _____

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