*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 2021-2022**

(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 First Name**  **Middle Name Last Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother's First Name** **Middle Name** (**Maiden Name) Last Name**

CELL PHONE: Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(PLEASE INDICATE CONTACT OREDER)**

PARENT “E-MAIL” ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

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

**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 2021\_\_\_\_\_\_\_\_\_\_\_\_ 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 EUCHARIST CONFIRMATION**

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parish & LOCATION Parish & LOCATION Parish & LOCATION Parish & LOCATION**

**\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

DATE DATE DATE DATE

CHILD ATTENDED *F.F.* IN 2020-2021 - 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 Fee $\_\_\_\_\_\_\_\_\_\_\_\_***

***Two Children….. $150.00 Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_***

***Three or more…. $200.00 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)***