

**MARY, MOTHER OF OUR SAVIOR PARISH
FAITH FORMATION REGISTRATION
2022-2023**

Please complete a separate form for **EACH CHILD** participating in the Faith Formation program.

Registration Fee: \$25 (Grades K, 1, 3-9)
\$40 (Grades 2 and 10—sacramental prep years)
\$100 Maximum registration fee per family

For Office Use Only

Paid: Y N Check_____ Cash_____

Date Paid: _____ Amount: \$_____

Check # _____ Family Discount Y N

MAKE CHECKS PAYABLE TO:
Mary, Mother of our Savior Parish
2 Barton Ave. Utica 13502
ATTN: Kathy

PLEASE PRINT

Student Name _____ Date of Birth _____

Address _____
(Street, City, State and Zip Code)

City of Birth _____

Grade _____ School _____

Father's Name _____ Mother's Name _____

Maiden Name _____

Parent Cell # _____ Parent Home Phone # _____

Parent email _____

Are there any custody issues staff should be aware of? Yes No

Please list any allergies, special conditions or needs your child has in a learning environment. Modification will be determined on an individual basis.

BAPTISM

Date _____ Parish _____

City _____ State _____ Zip Code _____

FIRST EUCHARIST/HOLY COMMUNION

Date _____ Parish _____

City _____ State _____ Zip Code _____

FIRST COMMUNION AND CONFIRMATION STUDENTS: PLEASE ATTACH A COPY OF YOUR BAPTISMAL CERTIFICATE TO THIS REGISTRATION IF NOT BAPTIZED AT OUR LADY OF LOURDES OR OUR LADY OF THE ROSARY.

(OVER)

_____ (Please check if applicable) My child is in Grades 3-10 and has **NOT** received the Sacrament of First Reconciliation or First Eucharist.

EMERGENCY CONTACT: _____ **Phone #** _____
(First and Last Name)

Relationship to student: _____ Phone # _____

FOR GRADES K-5, PLEASE LIST ANY OTHERS, BESIDES YOURSELF, WHO ARE ALLOWED TO PICK UP YOUR CHILD.

(These people may be asked to show ID prior to the release of students)

PHOTO AUTHORIZATION

Photographs and/or videos of minors are taken periodically for use in parish or diocesan publications and to celebrate your child's participation and accomplishments. By signing this registration, you are granting permission to Mary, Mother of our Savior Parish, to use photos and videos of your child. If names are used, only your child's first name will be published. Last names will not be used without contacting you and obtaining your permission. You may limit or disallow this by contacting the Faith Formation Coordinator and providing written notice of what limitations you would prefer.

Please note that the diocese, its parishes, schools and ministries have limited control of the use of photography or film taken by private individuals or the media that may be covering the event in which your child(ren) participate(s).

I confirm that all information provided is correct, and I give photo permission as described above.

Parent/Guardian Signature _____

Your child is encouraged to assist at Mass. Please check the appropriate line if you would like more information _____ altar server _____ lector _____ greeter

Join our Faith Formation team

I would like to volunteer to help the Faith Formation team as a _____ teacher _____ substitute _____ classroom assistant

Please list any siblings participating in our program.

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Register for REMIND! See instruction sheet.