

**ST. MARY'S BASILICA**  
**FAITH FORMATION REGISTRATION FORM 2016-2017**

**CHILD'S INFORMATION**

Full Name (First, Middle, Last): \_\_\_\_\_

Gender:    Male    Female                      Grade Level: \_\_\_\_\_                      New Student: Yes    No

Date of Birth: \_\_\_\_\_                      Place of Birth: \_\_\_\_\_  
(City, State and Country, if outside the U.S.)

Father's Name: \_\_\_\_\_

Mother's Name (Including Maiden Last Name): \_\_\_\_\_

**Sacramental Information:**  
(Check the box for the sacraments your child has received.)

Does your child have special needs? (ADHD, Autism, etc...)  
\_\_\_\_\_

Baptism    1st Reconciliation    Confirmation    1st Eucharist

Was your child baptized in the Roman Catholic Church? Yes    No   
If no, which denomination? \_\_\_\_\_

**CHILD'S INFORMATION**

Full Name (First, Middle, Last): \_\_\_\_\_

Gender:    Male    Female                      Grade Level: \_\_\_\_\_                      New Student: Yes    No

Date of Birth: \_\_\_\_\_                      Place of Birth: \_\_\_\_\_  
(City, State and Country, if outside the U.S.)

Father's Name: \_\_\_\_\_

Mother's Name (Including Maiden Last Name): \_\_\_\_\_

**Sacramental Information:**  
(Check the box for the sacraments your child has received.)

Does your child have special needs? (ADHD, Autism, etc...)  
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Baptism    1st Reconciliation    Confirmation    1st Eucharist

Was your child baptized in the Roman Catholic Church? Yes    No   
If no, which denomination? \_\_\_\_\_

## CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Who does the child live with? Mother  Father  Both  Grandparent  Caregiver

Grandparent's Full Name: \_\_\_\_\_  
(Provide names if child lives with grandparents.)

Caregiver's Full Name: \_\_\_\_\_  
(Provide names if child lives with a caregiver.)

## RELEASE AND EMERGENCY INFORMATION

I request that the above named children be allowed to participate in St. Mary's Basilica Faith Formation program for children, I request that the designated volunteer or Parish Coordinator of Children Ministry obtain medical treatment on my behalf for my child if I or the emergency contact cannot be reached. I understand reasonable precautions will be taken to safeguard the health and well being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold St. Mary's Basilica, Diocese of Phoenix, the Volunteers or Parish Coordinator of Children Ministry responsible for the accident or injury.

\_\_\_\_\_  
Parent or Legal Guardian's Signature Date

### Emergency Contact Information:

\_\_\_\_\_  
Emergency Contact Name Phone

## REGISTRATION FEES

Registration fees partially cover the cost of curriculum materials (leader guides, student leaflets, etc...), arts and crafts supplies, and office supplies (stamps, photocopies, etc...).

One Child = \$45.00  Two Children = \$80.00  \$35.00 per child if three or more children

Registration Fees Paid: \_\_\_\_\_ Check  Cash  Credit/Debit

Receipt Number: \_\_\_\_\_ Requested Payment Plan: Yes  No

For Office Use Only:  
Entered into Database: Yes

For Office Use Only:  
Safe Environment: Yes