

ST. MARY'S BASILICA
FAITH FORMATION REGISTRATION FORM 2019-2020

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 Full Name: _____

Mother's Full 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? _____

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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 = \$75.00 Two Children = \$140.00 \$65.00 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