ST. MARY'S BASILICA FAITH FORMATION REGISTRATION FORM 2022-2023

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 (Including Maiden Last Name):							
Sacramental Information: (Check the box for the sacraments your child h	Does your child have special needs? (ADHD, Autism, etc)						
Baptism 1st Reconciliation Co	nfirmation	st 🗆					
Was your child baptized in the Roman Catholic Church? Yes <pre>D</pre> No <pre>D</pre> If no, which denomination?							

CHILD'S INFORMATION

Full Name	(First, Mie	ddle, Last):				
Gender:	⊓ Male	- Female	Grade Level:		New Student: Yes 🗆	No 🗆
Date of Bir	th:		Place of Birth		e and Country, if outside the	e U.S.)
Father's Fu	ll 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 speci needs? (ADHD, Autism, etc 	c)		
Baptism 🗆	1st Rec	conciliation \Box	Confirmation	1st Euchari	st 🗆	
Was your c If no, which	-		nan Catholic Churc	ch?Yes □	No 🗆	

CONTACT INFORMATION

CONTACT INFORMATI	ON			Enter
Full Mailing Address:				Entered into Database: Yes
	State:	Z	ip Code:	atabase:
Phone: Home	Cell		Work	Yes 🛛
Email:				
Who does the child live with	Mother D Father	Both 🗆	Grandparent 🗆	Caregiver D
Grandparent's Full Name:	(Provide name	es if child lives	with grandparents.)	Caregiver Safe Environment:
Caregiver's Full Name:	,		U , ,	Iment
Caregiver's Full Name:	(Provide nar	nes if child liv	es with a caregiver.)	T: Yes
RELEASE AND EMERG	ENCY INFORMAT	ΓΙΟΝ		
I request that the above name Formation program for childre of Children Ministry obtain me contact cannot be reached. I the health and well being of m gency or accident. I will not he Parish Coordinator of Children	n, I request that the d dical treatment on my understand reasonab ly child and that I will old St. Mary's Basilica	esignated v / behalf for le precaution be contacted , Diocese o	volunteer or Parish my child if I or the ons will be taken to d immediately in o f Phoenix, the Vol	n Coordinator emergency o safeguard case of emer-
Parent or Legal Guardian's Signature			Date	
Emergency Contact Informa	ition:			
Emergency Contact Name			Phone	
REGISTRATION FEES				
Registration fees partially cov leaflets, etc), arts and crafts			, ,	
One Child = \$75.00 □ Two Cl	nildren = \$140.00 🗆 💲	\$65.00 per (child if three or m	ore children 🗆
Registration Fees Paid:		_ Check 🗆	Cash 🗆 Credi	t/Debit □
Recepit Number:		_ Request	ted Payment Plan:	Yes 🗆 No 🗆