

**ST. MARY'S BASILICA**  
**FAITH FORMATION REGISTRATION FORM 2023-2024**

**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? \_\_\_\_\_

**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:**

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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 = \$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 ☐