

# HOLY ANGELS & SACRED HEART 2019-2020

## FAITH FORMATION REGISTRATION FORM

1 child: \$50 / 2 or more children: \$75  
 Add \$45 FIRST HOLY COMMUNION  
 Add \$75 CONFIRMATION  
 \*\*Make Check payable to Holy Angels Church\*\*

R.E. Office Use  
 Paid by Check  
 Paid Cash  
 Unpaid  
 Initials of Recipient  
 \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

\*Email(s): \_\_\_\_\_ Parish: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

(Maiden Name) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

\*Email(s): \_\_\_\_\_ Parish (if different than the father): \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Child(ren) resides with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

**IMPORTANT:** If the contact information for the responsible adult that is overseeing the child(ren) in Faith Formation is different than above, please provide their contact information.

**PERSON OF CONTACT:** \_\_\_\_\_

By: Email \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing Address:

### STUDENT(S) INFORMATION

NOTE: Children should have received **two years** of Faith Formation (CCD) prior to entering into a sacramental class. Please contact Fr. Plummer if you have any questions.

CHILD'S FULL NAME (First, Middle, Last)	D.O.B.	Grade in school Fall 2019	Faith Formation Level Fall 2019

## DETAILED STUDENT INFORMATION

1st Child's Name: \_\_\_\_\_ Called By: \_\_\_\_\_

SACRAMENT	DATE (or NONE)	PARISH (CITY, STATE, CONTACT #)
BAPTISM	_____	_____
HOLY COMMUNION	_____	_____
CONFIRMATION	_____	_____

**NOTE:** the following information helps us with the archdiocesan Child Assessment as well as providing the *best* teaching methods possible. This information will be kept confidential.

Does your child have any medical issues or delayed learning challenges?

Does your child have an IEP at school or are they currently being tested? If yes please explain.

Has your child been diagnosed with ADD or ADHD?     YES     NO

Would a parent or guardian like to share any other concerns not noted above?

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2nd Child's Name: \_\_\_\_\_ Called By: \_\_\_\_\_

Current Age \_\_\_\_\_

**\*\*If you have more than two children in the program, please attach an additional form.**

SACRAMENT	DATE (or NONE)	PARISH (CITY, STATE, CONTACT #)
BAPTISM	_____	_____
HOLY COMMUNION	_____	_____
CONFIRMATION	_____	_____

**NOTE:** the following information helps us with the archdiocesan Child Assessment as well as providing the *best* teaching methods possible. This information will be kept confidential.

Does your child have any medical issues or delayed learning challenges?

Does your child have an IEP at school or are they currently being tested? If yes please explain.

Has your child been diagnosed with ADD or ADHD?     YES     NO

Would a parent or guardian like to share any other concerns not noted above?

List the adult(s) authorized to pick up child(ren). Children under 5th grade **MUST** be picked up in the classroom.

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**\*\*Are there other sacramental needs in the family?**

Baptism     Holy Communion     Confirmation     Sacramental Marriage

### CONSENT TO ACT IN CASE OF EMERGENCY

I, \_\_\_\_\_ authorize the staff at Holy Angels or Sacred Heart (salaried or volunteer) to administer First Aid to my child(ren) in case of an urgent event. I understand every effort will be made to contact myself or another listed authorized adult.



