



Saint Mary Parish Faith Formation Program
214 Church Street, Algoma, WI 54201
Barb Heiges 920-255-3326 or 487-5005 Extention #112
bheiges@smsalgoma.com

Faith Formation 2018/2019 Family Registration Form

Family Last Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____

Home Phone Number: _____ Parent's Email: _____

Cell Phone Number: (Dad) _____ (Mom) _____

Cell Phone Provider: _____

May we include you in our emergency cell phone texting message? Yes No

Parish Affiliation: _____

Will your child/children need bussing from Algoma Elementary? _____

(Space is limited. Preference is given to those children who usually ride the bus.)

Emergency Contact Information

Names of adults to contact in case of emergency if parents can't be reached:

_____	_____	_____	_____
Name	Phone#	Name	Phone#

Names of other adults authorized to pick up your child: _____

Parents or older family members are needed for special events. Please sign up: _____

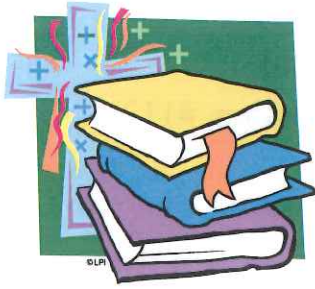
Volunteer phone number: _____ Volunteer email: _____

The registration fee for each student is \$80. Please enclosed this amount with registration form. Saint Mary Parish believes no child should be denied the benefits of religious instruction for financial reasons. If paying this fee presents a hardship for your family, please sign the following request for financial assistance.

I am able to pay \$ _____ of the registration fee and request financial assistance in the amount of \$ _____.

Signed: _____ Date: _____

See otherside



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1. Student Name: _____ Age: ____ Grade: ____ Male or Female
Last First M.I.

Place of Baptism: _____ Date of Baptism: _____

Place of 1st Communion: _____

Does this child have any special health problems? (allergies, injuries, physical restrictions, etc.)

Please list any medication your child is taking on a regular basis: _____

2. Student Name: _____ Age: ____ Grade: ____ Male or Female
Last First M.I.

Place of Baptism: _____ Date of Baptism: _____

Place of 1st Communion: _____

Does this child have any special health problems? (allergies, injuries, physical restrictions, etc.)

Please list any medication your child is taking on a regular basis: _____

3. Student Name: _____ Age: ____ Grade: ____ Male or Female
Last First M.I.

Place of Baptism: _____ Date of Baptism: _____

Place of 1st Communion: _____

Does this child have any special health problems? (allergies, injuries, physical restrictions, etc.)

Please list any medication your child is taking on a regular basis: _____

See Other side