

K-12 Universal Registration Form 2019-2020

Church of the Assumption † 2116 Cornwall Avenue † Bellingham WA 98225
360.733.1380 (phone) † 360.733.5654 (fax) † www.assumption.org

PROGRAM FEES:

- Whole Family Catechesis, Edge, or Life Teen \$25 per child

SACRAMENTAL PREP FEES:

- First Reconciliation & First Holy Communion \$75 per child
- Confirmation \$50 per child

PLEASE CHECK THAT ALL INFORMATION IS COMPLETE AND ACCURATE ON BOTH SIDES OF THIS FORM.

STUDENT INFORMATION:

CHILD #1 NAME _____ **DOB** _____

SCHOOL _____ **GRADE** _____ **PARISH:** Sacred Heart ___ Assumption ___

Faith Formation Program: Whole Family Catechesis EDGE (T-shirt size:) LifeTeen (T-shirt size:)

Sacramental Preparation: Year One Year Two

Sacraments Received: Baptism First Communion Confirmation

CHILD #2 NAME _____ **DOB** _____

SCHOOL _____ **GRADE** _____ **PARISH:** Sacred Heart ___ Assumption ___

Faith Formation Program: Whole Family Catechesis EDGE (T-shirt size:) LifeTeen (T-shirt size:)

Sacramental Preparation: Year One Year Two

Sacraments Received: Baptism First Communion Confirmation

CHILD #3 NAME _____ **DOB** _____

SCHOOL _____ **GRADE** _____ **PARISH:** Sacred Heart ___ Assumption ___

Faith Formation Program: Whole Family Catechesis EDGE (T-shirt size:) LifeTeen (T-shirt size:)

Sacramental Preparation: Year One Year Two

Sacraments Received: Baptism First Communion Confirmation

	WHOLE FAMILY CATECHESIS \$25	FIRST RECONCILIATION & FIRST HOLY COMMUNION \$75	CONFIRMATION \$50	TOTAL FEES PER CHILD
Ex. Child	\$25	\$75	--	\$100
CHILD #1				
CHILD #2				
CHILD #3				
			TOTAL FEES DUE PER FAMILY:	\$

No one will be turned away due to a lack of funds. Please contact Gina DePalma at the parish with any questions.

--Please complete the reverse side on parent/guardian contact information.--

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____
LAST NAME FIRST NAME

MOTHER'S NAME: _____
LAST NAME FIRST NAME

CHILD'S PRIMARY ADDRESS: _____
STREET

CITY STATE ZIP CODE

WHO IS THE PRIMARY CONTACT FOR THE CHILD'S FAITH FORMATION?
 Both Parents Father Mother Grandparent(s) Guardian

PHONE NUMBERS: _____
HOME DAD (WORK/CELL) MOM (WORK/CELL)

EMAIL ADDRESS: _____

EMERGENCY CONTACT (other than a parent/guardian):

NAME PH. # RELATIONSHIP TO CHILD

Information about the child regarding allergies and/or special needs:

Parent Permission and Release Form:

I/We the parent(s)/guardian(s) give our permission for our child/children to attend Church of the Assumption's Whole Family Catechesis program, sacramental preparation programs, Assumption/Sacred Heart's EDGE and LifeTeen programs, and any sponsored activities. We fully recognize that such undertaking involves an element of risk and assume and accept these risks and hazards, which are incidental to such participation. We hereby hold harmless and release any and all rights of claim against the Corporation of the Catholic Archbishop of Seattle, Assumption Parish, Sacred Heart Parish, its employees, volunteers, and all members and volunteers of the above-stated Faith Formation programs, for any damage or injury that our child may incur while participating in any of the Faith Formation classes or sponsored events from Sept. 1, 2019 through August 31, 2020. We also grant permission for any photographs taken of our child/children during faith and sacramental programs and events to be used for publicity purposes in Parish and/or Archdiocesan materials and on the Parish and/or Archdiocesan websites.

SIGNATURE DATE