



ST. LAWRENCE MARTYR

7850 Parkside Blvd. Hanover, MD 21076
(410) 799-1970

Date Received _____

Amt. Received _____

Cash or Check# _____

Faith Formation, First Reconciliation & First Eucharist Registration Form

PLEASE PRINT

The information provided below is considered CONFIDENTIAL and is used only for communication purposes by this office.

Registration for Year: _____ Continuing Registration _____ New Registration _____

FAMILY					
Family Name:					
Mailing Address		City	Zip Code		
	Name	Religion	Occupation	Cell Phone	E-mail Address (For Correspondence & emergency purposes only)
Father					
Mother	Please include Maiden Name				
Child lives with: ___ Both Parents ___ Mother ___ Father ___ Step Parent ___ Guardian ___ Grandparent ___ Other					
Registered in the Parish: ___ Yes ___ No (If not, please fill out a parish registration form and submit with this form.)					
Grade in September:			School Attending:		
Current Faith Formation Program St. Lawrence Martyr <input type="checkbox"/> Catholic School <input type="checkbox"/>			LAST Faith Formation Program and Year attended St. Lawrence Martyr <input type="checkbox"/> Year _____ Catholic School <input type="checkbox"/> Year _____ Other Church <input type="checkbox"/> Year _____		
Please list any allergies and actions to be taken in case of exposure:					
Please list any medical information concerning dietary restrictions or medication, etc.:					

SACRAMENT INFORMATION

To receive any sacrament, your child must be a registered parishioner, regularly attend Mass, and participate in Faith Formation classes or Catholic School for at least one year prior to and during the period of preparation.

_____ Initial Faith Formation: Formation sessions for baptized children (2nd grade or older) enrolling for the first year of formal formation in preparation for celebration of the sacraments during a second (consecutive) year.

_____ Enrolling for the second (consecutive) year of formal formation in preparation for celebration of the sacraments.

Please complete all that apply.

Sacraments Already Received in the Catholic Church

Child's Name		Date of Birth	Baptism (Church/year)	Reconciliation (Church/year)	Eucharist (Church/year)
First	Last				

EMERGENCY CONTACT INFORMATION

In case of an emergency during faith formation program, please provide us with additional contact information (All information is kept strictly confidential and shared only with your child's catechist.)

I, the undersigned parent or legal guardian of: _____
(a minor), do hereby authorize adult volunteers of St. Lawrence Martyr Faith Formation or adult staff members of St. Lawrence Martyr to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that I cannot be reached. I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St Lawrence Martyr Church, any of its ministries or leaders, the Division of Evangelization and Catechesis, the Roman Catholic Bishop of Baltimore and his successors, A Corporate Sole, and all their agents, servants and employees from any liability, claims and causes of action arising out of my child's participation in the program.

(Check one of the following)

_____ I am covered by hospitalization and medical insurance under policy: # _____ issued by _____

_____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my child(ren).

REGISTRATION REQUIREMENTS

Along with this completed form, please make checks payable to St. Lawrence Martyr Catholic Church. If payment prevents you from registering, or if you are a registered member of St. Lawrence Martyr and need financial assistance with tuition, please contact Sally Rico (cre@saintlawrencemartyr.org). No child will be denied Faith Formation due to lack of funds.

Tuition: PK – Grade 8	1 child	\$80.00
	2 children	\$120.00
	3 children	\$160.00
	4 or more children	\$180.00

Sacramental Preparation Fee in addition to the above fee. \$70.00

_____ Copy of Valid Baptism Certificate is attached. (Must have signature of Priest / Deacon and Seal of the Church)

Office Use Only

Last Name: _____

Grade: _____

Catechist: _____

PARENTS

As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the teacher/catechist will be using in the classroom, as well as the materials you will receive for home discussion. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Sally Rico, Coordinator of Religious Education at (410) 799 – 1970 ex 54.

PHOTOGRAPH AND VIDEOTAPE RELEASE

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites, social media, or other materials produced from time to time by St. Lawrence Martyr Parish, Division of Youth and Young Adult Ministry, or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.)

Parent/guardians who do not wish their child to be photographed or filmed should notify the Coordinator of Religious Education. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child (ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT AND SIGN IT VOLUNTARILY.

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR FILMED. MAY ONLY BE USED FOR INTERNAL USE WITHOUT THE NAME OF MY CHILD

I DO NOT WISH MY CHILD TO BE PHOTOGRAPHED OR FILMED.

As St. Lawrence Martyr main means of communication, I agree to sign up for Flocknotes. I understand that should class be cancelled because of inclement weather; I will receive a Flocknote informing me of the cancellation.

I accept my responsibility to cooperate with St. Lawrence Martyr in my commitment to participate in the Mass and parish life.

Parent/Legal Guardian (print): _____

Parent/Legal Guardian signature: _____ Date _____

(Form must be signed and dated to process your child's registration.)