

HOLY ANGELS & SACRED HEART 2016-2017

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. Lickteig if you have any questions.*

CHILD'S FULL NAME (First, Middle, Last)	D.O.B.	Grade in school Fall 2016	Faith Formation Level Fall 2016

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?

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.

****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.

