**Assumption of the Blessed Virgin Mary Catholic Community**

**Faith Formation Registration Form**

**ADULT (18+) CONFIRMATION CLASS REGISTRATION**

**CLASS SESSIONS BEGIN ON MONDAY, JANUARY 13, 2020 (11 SESSIONS)**

* **All Religious Education classes are held on Monday evenings, 6:30-8:30pm in the parish office RE Office. A calendar will be given to the student on the first day of class with all dates and times of classes and special events.**
* **Mass attendance is considered an integral part of the faith formation experience and necessary for spiritual growth. Mass times for students and their families are Saturdays at 5:00 p.m. or Sunday mornings at 9:00 a.m.**

\***I am a registered member at Assumption: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ Parish Envelope Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Families must be registered with our parish for at least 6 months, attend mass regularly, and make a verifiable contribution prior to registration.**

**Name of Parish (if not affiliated with Assumption) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/City /Zip Code**

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**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_**

 **First MI Last**

**\*Date of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church of Baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name City State**

(\*A copy of the student’s Baptism certificate is needed to complete the student’s enrollment in the First Communion class.)

**\*Date of First Communion: \_\_\_\_\_\_\_\_\_\_\_ Church of First Communion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name City State**

(\*A copy of the student’s Baptism certificate and First Communion certificate are needed to complete the student’s enrollment in the Confirmation class.)

**Are you married? \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Marriage\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouses Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouses Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Children’s Names and ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s primary mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street City Zip**

**CELL PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Please note: Your email address and Cell phone # will be added to the Assumption “Flocknote” account. Flocknote is a communication tool used to disseminate information quickly. I choose to opt out of Flocknote (initial here) \_\_\_\_\_\_\_\_***

**Emergency Contact Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the student have any health issues that we should be aware of, i.e. allergies, diabetes, seizures, learning disability, etc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Registration is complete when:**
	+ **Fees paid**
	+ **Copies of Baptism Certificate (if applicable), 1st Communion (if applicable) received**
* **FEES – (Registration is not complete until fees are paid)**
	+ **Assumption affiliated families – (Families must be registered with our parish for at least 6 months, attend mass regularly, and make a verifiable contribution prior to registration.)**
		- **$60.00 – 1 student**
	+ **Non-affiliated families**
		- **$75.00 – 1 student**

**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . OFFICE USE ONLY . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Method of Payment:**

**Check: *Make Payable to Assumption Church* - *Check #*\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash: Amount $\_\_\_\_\_\_\_\_\_\_\_**

**(Credit Card payments can be made by phone. Call 303-288-2442, ext. 132)**

**Student’s name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Rec’d Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_Rec’d Baptism Certificate: \_\_\_\_\_\_\_\_\_\_ \_Rec’d Marriage Certificate: \_\_\_\_\_\_\_\_\_\_\_**

 **Date Date Date**