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

**Faith Formation Registration Form for**

**1st Grade (Preparatory for 2nd grade), 2nd/3rd Grade Restored Order, Youth, Teen and Adult Confirmation**

* **All Religious Education classes are held on Sunday mornings from 10:15 – 11:30 a.m. (A calendar will be given to the student on the first day of class with all dates and times of classes and special events.) (\*Adult and Teen Confirmation classes may meet on another day and time and for a shorter period of time. These students will be contacted upon enrollment with the accurate calendar information.)**
* **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.**
* **Family Catechesis is also encouraged. Parents are asked to attend classes with their students as often as possible. The family is vital in passing a living faith on to the next generation.**

\***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**

**Grade Fall of 2018: \_\_\_\_\_\_\_\_\_ Name of School Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which Faith Formation Class are you registering for?**

* **K/1st Grade Preparatory for 2nd grade \_\_\_\_\_**
* **2nd/3rd Grade Restored Order Year One \_\_\_\_\_ (Salvation History and Reconciliation)**
* **2nd/3rd Grade Restored Order Year Two \_\_\_\_\_ (Confirmation and 1st Communion) (If you were enrolled in year one last year)**
* **Youth (4th-6th) Confirmation \_\_\_\_\_**
* **\*High School (7th-12th) Confirmation \_\_\_\_\_**
* **\*Adult Confirmation (18+) \_\_\_\_\_ (more information may be needed later)**

**\*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.)

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

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

**Street City Zip**

**\*Family email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this will be used to send out information for this program.)**

**Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name and Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**