

St. Cecilia Formation Registration

Adult / Parent / Guardian

	Last Name	First Name	Religion	Relationship to child
Adult #1	_____	_____	_____	_____
email	_____		phone	_____
Adult #2	_____	_____	_____	_____
email	_____		phone	_____
address	_____			

Child(ren) 2026-27 School Year

Grade	Age	Last Name	First Name	School	Health Concerns
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Permissions Please sign below indicating your agreement to the following:

- DATA** The above information is accurate to the best of my knowledge.
- POLICIES** I have read and will abide by the Formation Program policies.
- SAFETY** Children in grades K - 12 will receive personal safety training appropriate for their grade unless a written objection is received from the parent or legal guardian.
- PHOTO** Photographs & names can be used in the paper, on the internet or where appropriate unless a written objection is received from the parent or legal guardian.
- EMERGENCY** I authorize the responsible person at St. Cecilia to transport me or my child to the nearest hospital emergency room in emergencies requiring immediate medical attention.


Adult / Parent / Guardian Signature Date

Fees Scholarships are available for those in financial need.

_____ Family Faith Formation \$25 per child (\$100 max per family)

_____ Sacramental Preparation \$15 - Reconciliation \$30 - Confirmation & Eucharist \$15 - Confirmation

_____ total due  *Please make checks payable to: St. Cecilia Church*

for office use only:		date pd: _____	init: _____	online, cash or check #: _____
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