

2025-26 Faith Formation Registration

Faith Formation (PreK-12th Grade)



St. Frances Cabrini

Catholic Church • Parrish, FL

Mary Jo Chronis, CRE

maryjo.chronis@cabriniparrish.org

1. Faith formation programs are open to **registered** parishioners. If your family is not currently registered at St. Frances Cabrini, do so immediately. Parish Registration is available on our parish website: cabriniparrish.org
2. For each child, submit a copy of his/her Baptismal Certificate and any other Sacramental Certificates with this form.
3. Return this form and copies of certificates to the Parish Office with a check made payable to St. Frances Cabrini.

FAMILY NAME: _____

Office Use: Parish Registration # _____

Check all that apply for your family:

___ Family Faith Formation [FFF]: Pre-K to Grade 5

\$120/new family or \$50/returning family

___ First Reconciliation/Holy Communion (Grade 2) **\$40/child – must also be enrolled in FFF**

___ MS Faith Formation/Youth Group (Grades 6-8) **\$50/child**

___ Confirmation Year 1 & Year 2 (Grades 9&10) **\$80/child or \$40/returning child**

___ HS Youth Group (Grades 9-12) **\$50/child**

Youth 14+ years old:

Consider volunteering your time and talent on Wednesdays during Family Faith Formation.

[Teacher Assistants and Child Care needed]

If interested, please contact Mary Jo Chronis ☺

Total Fee: _____

If you have more than one child, please list in order from oldest to youngest. Thank you.

Child #1	First & Middle Name	Last Name	Birthdate (MM/DD/YY)	Grade in 25-26 School Yr		
Child is registering for... (Check all that apply) ___ FFF ___ 1 st Recon/Comm ___ MS FF/YG ___ Confirmation Y1 ___ Confirmation Y2 ___ HS Youth Group						
	Check below all Sacraments child has received:		Known allergies or medical concerns:			
	___ Baptism (Date:_____ Church:_____)					
	___ Reconciliation					
	___ 1 st Communion (Date:_____ Church:_____)					
	___ Confirmation (Date:_____ Church:_____)					

Child #2	First & Middle Name	Last Name	Birthdate (MM/DD/YY)	Grade in 25-26 School Yr		
Child is registering for... (Check all that apply) ___ FFF ___ 1 st Recon/Comm ___ MS FF/YG ___ Confirmation Y1 ___ Confirmation Y2 ___ HS Youth Group						
	Check below all Sacraments child has received:		Known allergies or medical concerns:			
	___ Baptism (Date:_____ Church:_____)					
	___ Reconciliation					
	___ 1 st Communion (Date:_____ Church:_____)					
	___ Confirmation (Date:_____ Church:_____)					

Child #3	First & Middle Name	Last Name	Birthdate (MM/DD/YY)	Grade in 25-26 School Yr
Child is registering for... (Check all that apply)				
___ FFF				
___ 1 st Recon/Comm	Check below all Sacraments child has received:		Known allergies or medical concerns:	
___ MS FF/YG	___ Baptism (Date:_____ Church:_____)			
___ Confirmation Y1	___ Reconciliation			
___ Confirmation Y2	___ 1 st Communion (Date:_____ Church:_____)			
___ HS Youth Group	___ Confirmation (Date:_____ Church:_____)			

PARENT/GUARDIAN INFORMATION

	First Name	Last Name	Religion
FATHER:			
MOTHER:			

	Address	City	Zip Code
HOME:			
	Email	Phone Number	

	First Name	Last Name	Relation
GUARDIAN (if applicable)			

	First Name	Last Name	Relation	Mobile Number
EMERGENCY CONTACT:				

By signing below, I acknowledge that I have read and agree to the provided packet containing 1) Medical Release, 2) Code of Behavior, 3) Photo Release, 4) Consent, Release of Liability and Indemnification for Trips, Programs, and Events, and 5) Responsibilities and Code of Conduct.

Parent/Guardian (Print)_____ Date_____

Parent/Guardian(Signature)_____

Total Fees: _____

Office Use Only: Date: _____ Amount: \$ _____ ☐ Cash ☐ Ck# _____ Bank: _____