Stella Maris Catholic Church Faith Formation 2024-2025

Family Name: _____,_____/_____/_____
Last Father Mother Guardian

Mailing Address: _____

E-Mail Address: _____Home Phone: _____

Emergency Phone/Cell: Father: _____ Mother: _____

Are you a registered member of: Stella Maris Parish (if other:_____)

NAME OF CHILD	**AGE**	**GENDER**	**BIRTHDATE**	**PLACE OF BIRTH**	**GRADE**
_____	_____	M/F	_____	_____	_____

Sacraments - Location and Date:

Baptism_____
(Location) (Date)

Reconciliation_____
(Location) (Date)

Eucharist_____
(Location) (Date)

Confirmation_____
(Location) (Date)

Health/Allergy Information:

NAME OF CHILD	**AGE**	**GENDER**	**BIRTHDATE**	**PLACE OF BIRTH**	**GRADE**
_____	_____	M/F	_____	_____	_____

Sacraments - Location and Date:

Baptism_____
(Location) (Date)

Reconciliation_____
(Location) (Date)

Eucharist_____
(Location) (Date)

Confirmation_____
(Location) (Date)

Health/Allergy Information:

Additional children can be listed on an additional sheet.

Emergency Information: In case of emergency, if parent/guardian cannot be reached, contact:

Name: _____Relationship: _____ Phone: _____

The following procedure will be followed in informing parents concerning cases of emergency, illness, or injury:

1. In the event of an emergency, the parent/guardian or emergency contact will be called.
2. If the situation demands immediate action, Faith Formation personnel will determine the most appropriate means for handling the situation. This may include the use of an ambulance and hospital emergency room.

I hereby authorize the Faith Formation Program volunteers to use their judgment in case of illness, injury, or other emergency.

SIGNATURE OF PARENT/GUARDIAN: _____DATE_____

****

Use of Photos: Do you give permission to use any photographs taken at Faith Formation sessions or events for the parish website and other promotional material? Yes No (**Circle One**)

****

The "Family of Faith" books as well as the First Reconciliation/First Communion books are available in Spanish. Would your family like to have those books in Spanish instead of English? YES or NO

****

Tuition should be paid at time of registration: Please make your check payable to Stella Maris Catholic Church

Family Registration Cost: $100

Finances should not be a factor in registering your child/children for Faith Formation.

Please contact the coordinator if you have any concerns or questions.

****Registration Forms and Payment due by September 1.****

*****Registration Info received AFTER September 1 will include a $20 late fee to cover the additional costs associated with ordering books late.****

Return completed form to office or mail back to:
Stella Maris Catholic Church, Attn: Faith Formation,
PO BOX 49, Egg Harbor, WI 54209

NAME OF CHILD	AGE	GENDER	BIRTHDATE	PLACE OF BIRTH	GRADE
_____	_____	M/F	_____	_____	_____

Sacraments Previously Received:

Baptism_____
(Location) (Date)

Reconciliation_____
(Location) (Date)

Eucharist_____
(Location) (Date)

Confirmation_____
(Location) (Date)

Health/Allergy Information:

NAME OF CHILD	AGE	GENDER	BIRTHDATE	PLACE OF BIRTH	GRADE
_____	_____	M/F	_____	_____	_____

Sacraments Previously Received:

Baptism_____
(Location) (Date)

Reconciliation_____
(Location) (Date)

Eucharist_____
(Location) (Date)

Confirmation_____
(Location) (Date)

Health/Allergy Information:

NAME OF CHILD	AGE	GENDER	BIRTHDATE	PLACE OF BIRTH	GRADE
_____	_____	M/F	_____	_____	_____

Sacraments Previously Received:

Baptism_____
(Location) (Date)

Reconciliation_____
(Location) (Date)

Eucharist_____
(Location) (Date)

Confirmation_____
(Location) (Date)

Health/Allergy Information: