



**CATHOLIC COMMUNITY OF
ST. MARY AND ST. JOSEPH**
EUCCHARIST. KNOW IT. LOVE IT. LIVE IT.

Faith Formation Registration Form

Please complete and return to Katie Warren along with payment.

Student's Name: _____ Nickname (optional): _____

Date of Birth: ____/____/____ Grade: _____ Gender: M____ F____ School: _____

Attended faith formation classes last year? Y____ N____ What parish? _____

Any medical, developmental, academic or other concerns/challenges we should know about? _____

SACRAMENTS CELEBRATED

Baptism: ____Y ____N Parish: _____ City/State: _____

Reconciliation: ____Y ____N Parish: _____ City/State: _____

Eucharist: ____Y ____N Parish: _____ City/State: _____

Confirmation: ____Y ____N Parish: _____ City/State: _____

PARENT INFORMATION

Mother's Name: _____ Maiden Name: _____ Catholic? ____Y ____N

Cell Phone: _(____)_____ Can we send texts to this number? ____Y ____N

Home Phone: _(____)_____ Email: _____

Address: _____ (City/State/Zip): _____

Father's Name: _____ Catholic? ____Y ____N

Cell Phone: _(____)_____ Can we send texts to this number? ____Y ____N

Home Phone: _(____)_____ Email: _____

Address: _____ (City/State/Zip): _____

FAMILY INFORMATION

With what parish is your family registered? ___ St. Mary ___ St. Joseph ___ Other: _____

How frequently does your family attend Mass? ___ Weekly (Sun./Sat. Vigil) ___ Monthly ___ Occasionally

Where do you usually attend Mass? (list all parishes you attend regularly) _____

Photography Release:

___ YES. I consent to photographs/video recordings/audio recordings of my child being used in print and digital media including but not limited to: parish bulletins, parish website, parish social media accounts and other channels of parish communications within our churches (St. Mary, Lanesville and St. Joseph, Corydon) and within the deanery.

___ NO. You **may not** use any images, video or audio of my child in any online, social media or print format for any reason.

Parent/Guardian Signature: _____ Date: _____

Permission and Release: As parent or guardian of the above-named youth, I hereby request that my child be allowed to attend faith formation, religious education and fellowship activities with the Catholic Community of St. Mary (Lanesville) and St. Joseph (Corydon). I understand that my child and I must abide by the rules/procedures for these events.

I hereby release the Archdiocese of Indianapolis, the New Albany Deanery, The Catholic Community of St. Mary (Lanesville) and St. Joseph (Corydon), parish staff, and/or volunteer leaders from any claim, loss, cost, damage or expense arising out of any accident or other occurrence causing injury to any person or property during these events or activities. In case of accident or sickness, the adult in charge has my permission to secure medical attention for my child.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Student Fees: \$40 (1 student), \$70 (2 students), \$90 (3 students), \$100 (4+) # _____ student(s) = \$ _____

Sacramental preparation fees: \$20 per student (First Eucharist, Confirmation) # _____ student(s) = \$ _____

TOTAL FEES: \$ _____ PAID: ___ Cash ___ Check (ck. # _____) Amount still owed: \$ _____