

# SS. Peter & Paul Church 2017-2018 FAITH FORMATION REGISTRATION FORM

**ONE FORM PER FAMILY** – Please complete both sides. Registration must be returned in person.  
**Walk-in Registration Days:**  
**August 6<sup>th</sup> – 8<sup>th</sup> from 10 a.m. – 2 p.m.**

## 1. Family Information: *Please PRINT clearly!*

**Family LAST Name:** \_\_\_\_\_

Registered parishioners?  Yes  No Families are encouraged to be registered with the parish. Registering in our Faith Formation program DOES NOT automatically register your family in the parish. Parish registration forms are available on our website at [www.rocklincatholic.org](http://www.rocklincatholic.org).

**Primary Email:** \_\_\_\_\_  
(Preferred email for Faith Formation communication)

**Home Address:** \_\_\_\_\_  
Street City Zip

**Home Phone:** \_\_\_\_\_

**Father's/Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Catholic?** Yes  No

**Mother's/Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Catholic?** Yes  No

With whom does the child(ren) live?  Both parents  Mother  Father  Shared custody  Other

Should Faith Formation mailings be sent to an additional address other than above? If yes, please provide:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Zip

## 2. Emergency Information/Photo Release:

**Emergency Contact** (other than parent): \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

Specific information regarding medical conditions, allergies or special needs:

**Child:** \_\_\_\_\_ **Allergies/Medical Concerns:** \_\_\_\_\_

**Child:** \_\_\_\_\_ **Allergies/Medical Concerns:** \_\_\_\_\_

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IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR THE CHILD/CHILDREN REGISTERED.

**Photo Release:** SS. Peter & Paul Church has my permission to publish my child/children's photograph (without name):

in the bulletin  on the parish website/Facebook pages  other parish publications

**Parent or Legal Guardian Signature:** \_\_\_\_\_

### 3. Class Registration:

Did your child(ren) attend Faith Formation classes last year?

Yes, at SS. Peter & Paul       Yes, at another Catholic Church       No

NOTE: Children must have attended a full year of a Faith Formation program prior to entering into a Sacramental Preparation (First Eucharist and Confirmation). If your child is entering 2<sup>nd</sup> grade or 8<sup>th</sup> grade, and DID NOT attend Faith Formation last year, you will need to register them in a 1<sup>st</sup> grade or 7<sup>th</sup> grade Faith Formation class this year. (If the answer above is "Yes, at another Catholic Church", and you are registering your child for 2<sup>nd</sup> or 8<sup>th</sup> grade, please provide official documentation from previous parish)

**PRESCHOOL/KINDERGARTEN-** Age 3 years (by September 1) through Kindergarten

Select a class time: **A:** Sunday 9:00 a.m. (during Mass)    **B:** Sunday 4:00 – 5:00 p.m.    **C:** Monday 3:30 – 4:30 p.m.

Child's Legal Name		Sex M/F	Has this Child Been Baptized? Yes or No	Date of Birth	Age as of September 1 <sup>st</sup>	Class Time: A, B or C
First	Last					

**ELEMENTARY-** Grades 1 through 6

Select a class time: **A:** Sunday 4:00 – 5:00 p.m.    **B:** Monday 3:30 – 4:30 p.m.    **C:** Tuesday 4:30 – 5:30 p.m.

Legal Name		Sex M/F	Sacrament Information: Circle Sacraments your child has ALREADY received:		Date of Birth	Faith Formation Grade in Fall of 2017	Class time:  A, B, or C
First	Last		Catholic Baptism Eucharist	Reconciliation Confirmation			
			Catholic Baptism Eucharist	Reconciliation Confirmation			
			Catholic Baptism Eucharist	Reconciliation Confirmation			
			Catholic Baptism Eucharist	Reconciliation Confirmation			

**MIDDLE SCHOOL** Grades 7-8 (and High School Confirmation for those not yet Confirmed)

Select a class time: **A:** Sunday 6:45 – 8:15 p.m. (Grades 7-8)    **B:** Tuesday 6:30 – 8:00 p.m. (Grades 7 – 12)

Child's Legal Name		Sex M/F	Sacrament Information: Circle Sacraments your child has ALREADY received:		Date of Birth	Faith Formation Grade in Fall of 2017	Class time:  A or B
First	Last		Catholic Baptism Eucharist	Reconciliation Confirmation			
			Catholic Baptism Eucharist	Reconciliation Confirmation			
			Catholic Baptism Eucharist	Reconciliation Confirmation			

Are there any adults at home who would like to inquire about receiving sacraments themselves?

Yes, I have questions about Baptism.     Yes, I have questions about Communion.     Yes, I have questions about Confirmation.

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Volunteer Discount: \_\_\_\_\_ Payment Plan: \_\_\_\_\_ Calendar: \_\_\_\_\_ Initial: \_\_\_\_\_