

Contact Colleen Whitehead at 531-7110 or email at Colleen101@comcast.net

Regional Parishes Of

*St John of the Woods St Ann Sacred Heart Visitation
Holy Rosary St. Joseph*

FAITH FORMATION REGISTRATION FORM

Child's Name	Age/ Grade	Home Parish	Which Site SA;VIS;SJ

Are you currently a registered member in one of our Parishes? Yes___No___ Parish_____Envelope #_____

Fathers name:_____ Mothers name:_____

Email Address:_____ Email Address:_____

Occupation:_____ Occupation:_____

Religion:_____ Religion:_____

Home Address: _____

Home Phone: _____ Fathers Cell:_____ Mothers Cell:_____

Parent's Marital Status: (circle one) Married, Divorced, Widowed, Single, Remarried

Child lives with: (circle one) Mother & Father, Mother, Father, Other_____

*Sunday 9:00 am St. John Site (Pre-8th); * Sunday 9:30 am Visitation Site (K-8th)

*Wednesday 6:30 pm St. Ann Site (K-8th)

*Saturday 5:00 pm St. Ann Site CYC (High School grades 9-12) 1st & 3rd Saturday of the month. Starts with Mass.

Please indicate if you have a family member registered in one of the following sacramental preparation programs:

Baptism: _____ Name: _____ Date of Birth: _____

Reconciliation: _____ Name: _____ Date of Birth: _____

First Eucharist: _____ Name: _____ Date of Birth: _____

Confirmation: _____ Name: _____ 16 Yrs & older _____

RCIC: _____ Name: _____ Unbaptized/7yrs& Up

RCIA: _____ Name: _____ Adult 18 & Older

Fees:

_____ Families with one child \$65.00 _____ Families with 2 children \$80.00

_____ Families with 3+ children \$100.00 _____ Other parishioners: Donations Accepted

Medical Information: Medical Concerns: Yes _____ No _____ Describe: _____

Allergies: Yes _____ No _____ Describe: _____

Emergency Contact: Name: _____ Phone Number: _____

VOLUNTEER OPPORTUNITIES ♥♥♥♥♥♥♥♥

Because our programs are made up of volunteers, we ask each family to contribute their time and talent in a special way.

Please check off areas(s) where you may be able to help. You will be called for the areas you have selected as needed. **Thank You!**

_____ Catechist _____ Assistant Catechist _____ Substitute Catechist _____ Office Help _____ Banner Purchasing

**If Tuition payment is a hardship, please contact Colleen the PA for Faith Formation at 531-7110 so that arrangements can be made on a confidential basis.*

Office use only: Date: _____ Fee: _____ Cash: _____ Check _____ Amount Paid : _____