

STUDENT INFORMATION

Name _____
Last Name First Name Middle

Male ___ Female ___ Date of Birth _____ City/Boro of Birth _____

School (Sept. 2020) _____ Grade (Sept. 2020) _____

Does your child have an IEP (Individual Education Plan), Learning Disability, or need academic support?

Yes ___ No ___ If yes, please explain. _____

Does your child have any allergies or health issues we should be aware of while your child attends our program?

Does your child take any medications regularly? If yes, please list. _____

MAILING & HOUSEHOLD INFORMATION

Please be sure to print your name as it appears on your mailbox!

Mr. & Mrs./Mr./Mrs./Miss/Ms. _____

House #, Street, Apartment _____

City _____ Zip Code _____

Daytime Phone _____ Contact: _____ Work () Home ()

Evening Phone _____ Contact: _____ Work () Home ()

Cell Phone _____ Contact: _____

E-Mail Address: _____

Mother _____ Religion _____ Living: Yes ___ No ___
(Include Maiden Name)

Father _____ Religion _____ Living: Yes ___ No ___

Guardian _____ Religion _____ Living: Yes ___ No ___

Are there any special family situations that we should be aware of: (divorce, serious illness, death)

Language(s) spoken at home _____

EMERGENCY CONTACT OTHER THAN PARENT (Required)

Name _____ Relationship to Child _____

Phone # _____ Work () Home ()

SACRAMENTS & RELIGIOUS EDUCATION

BAPTISM: Church _____ Date _____

Address _____

EUCCHARIST: Church _____ Date _____

Address _____

RECONCILIATION: Church _____ Date _____

Address _____

Has your child attended Religious Education before? _____

When? _____ Where? _____

PARISH LIFE

Are you a registered parishioner? _____ Do you use church envelopes? _____

Which Mass do you attend? _____

COMMITMENT & RESPONSIBILITY

I understand that the faith formation will organize a **blended distance learning faith formation program with various components**. The system will allow for Faith Formation opportunities in a gathered or at-home settings, depending on the circumstances related to the virus. Training will be provided for parents so they can assist their children. I am aware that the expectation is for the family to participate at Mass together. In addition, I understand that I am responsible to attend all parent meetings.

FOR OFFICE USE ONLY

Class _____ Section _____

Fee Paid: Full ___ Partial ___ Bal. \$ _____ Date _____ Receipt or Check: # _____

Baptism Records Checked _____ Certificate Copied _____ Permanent Record _____

Sacramental Preparation Needed: _____