

Sacred Heart, Our Lady of Knock, St. John the Baptist, and St. Theresa of the Child Jesus

Albany Diocese

Tel: 518-943-3150

Faith Formation Registration

Email: 3faithin1@gmail.com

FAMILY INFORMATION

2023-2024

Family Last Name: _____ **Parish:** _____

Father's Name: _____ **Father's Cell / Work:** _____
Text ok? Yes No

Mother's Name: _____ **Mother's Cell / Work:** _____
Text ok? Yes No

Mother's Maiden: _____ **Email Address:** _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: City, _____ **Emergency Phone:** _____

State, Zip: _____ **Both Parents Catholic? Yes No**

STUDENT #1 INFORMATION

Child Name: _____ **Sacrament Details** Church/Date

Birth Date: _____ **Baptism:** _____

School/Grade: _____ **Eucharist:** _____

Faith Formation Class: _____ **Reconciliation:** _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

STUDENT #2 INFORMATION

Child Name: _____ **Sacrament Details** Church/Date

Birth Date: _____ **Baptism:** _____

School/Grade: _____ **Eucharist:** _____

Faith Formation Class: _____ **Reconciliation:** _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

STUDENT #3 INFORMATION

Child Name: _____ **Sacrament Details** Church/Date

Birth Date: _____ **Baptism:** _____

School/Grade: _____ **Eucharist:** _____

Faith Formation Class: _____ **Reconciliation:** _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc): _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____ **Tuition PAID:** \$ _____ **Signature:** _____

The cost of the program is FREE for grades K-4, grades 5-12 the cost is \$35 FOR 1st student, \$65 for 2 students, \$90 for 3 students and \$100 for 4 or more. PLEASE NOTE THAT THERE ARE SCHOLARSHIPS AVAILABLE AND THAT NO FAMILY SHOULD FEEL THEY CANNOT PARTICIPATE BECAUSE OF FINANCIAL CONSTRAINTS.

STUDENT #4 INFORMATION

Child Name: _____

Sacrament Details Church/Date

Birth Date: _____

Baptism: _____

School/Grade: _____

Eucharist: _____

Faith Formation Class: _____

Reconciliation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

Sacrament Details Church/Date

Birth Date: _____

Baptism: _____

School/Grade: _____

Eucharist: _____

Faith Formation Class: _____

Reconciliation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #6 INFORMATION

Child Name: _____

Sacrament Details Church/Date

Birth Date: _____

Baptism: _____

School/Grade: _____

Eucharist: _____

Faith Formation Class: _____

Reconciliation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #7 INFORMATION

Child Name: _____

Sacrament Details Church/Date

Birth Date: _____

Baptism: _____

School/Grade: _____

Eucharist: _____

Faith Formation Class: _____

Reconciliation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

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It is highly desirable that every parent participate in some way during the year in the Faith Formation Program. Listed below are some of the opportunities for your participation. Please consider offering some service to your child and the other children of the parish. THANK YOU!!

I/We would like to offer assistance in the following areas:

NAME(S): _____

PHONE(S): _____

- _____ Catechist (Teacher)*
- _____ Catechist Assistant (assisting Catechists at weekly classes)*
- _____ Substitute Catechist *
- _____ Parent Assistant for support during class time outside of class
- _____ Baking or donating store-baked goods and/or drinks when needed
- _____ Donating office supplies and/or school supplies (accepted anytime)
- _____ Door Monitor/Gate Keeper
- _____ Weekday Assistant for paperwork or class setup
- _____ OTHER (please explain):

*REQUIRES SAFE ENVIRONMENT UPDATE AND A BACKGROUND CHECK

Please complete this page for each participant.

EMERGENCY MEDICAL INFORMATION

2023-2024

If a child needs emergency care, a representative of the Faith Formation program will notify parents/guardians.

In the event a parent/guardian cannot be reached, (PARENT/GUARDIAN) _____, the parent or legal guardian of (CHILD) _____, authorizes the employees, representatives and chaperons of Sacred Heart, Cairo/Our Lady of Knock, East Durham/St. John the Baptist, Greenville/St. Theresa of the Child Jesus, Windham to obtain emergency medical treatment, should it become necessary.

Parent/Guardian signature _____ Date _____

Emergency Contact: _____ Phone _____

People able to transport child _____ Relationship _____

RELEASE FORMS

I consent and give permission for my child's participation and attendance in the faith formation program including our Safe Environment session.

Parent/Guardian Initials _____

I also give permission for the staff and volunteers in the program to take photos and videos of my child/family. I understand these photos may be displayed in the church, on the church's website and/or Facebook page.

Parent/Guardian Initials _____

I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I have against Sacred Heart Church/Our Lady of Knock Shrine, St. John the Baptist Church, St. Theresa of the Child Jesus Church, the Roman Catholic Diocese of Albany, NY, their representatives, chaperons, employees, successors and assigns arising out of any and all injuries by my child/family while participating in the Faith Formation program.

Parent/Guardian Signature _____ **Date** _____

We understand and agree as a participant in the Faith Formation program of Sacred Heart Church/Our Lady of Knock Shrine/St. John the Baptist/St. Theresa of the Child Jesus, to follow the rules of the class, show respect for the staff and volunteers. I understand as a parent I will be notified of any violations requiring dismissal from the program. We agree to attending weekly Sunday Mass as part of Faith Formation.

Parent/Guardian signature _____ **Date** _____

Youth participant signature _____ **Date** _____