



St. Mary's/St. Peter's Parish Faith Formation
INDIVIDUAL STUDENT REGISTRATION FORM
200 N. James St., Rome, NY 13440

Student Name: _____
(Last) (First) (Middle)

Family Last Name (if different from student): _____

(Mailing Address)

Street Address: _____ Apt# _____ Home Phone: _____

City: _____ NY Zip: _____ May we contact you via email? ____ YES ____ NO

Email: _____ (will be used solely for Rel. Ed. correspondence)

Student Date of Birth: _____ Place of Birth: _____ Gender: ____

Grade: ____ School: _____

Father's Name: _____ Religion: _____

Mother's **Maiden** Name: _____ Religion: _____

Legal Guardian Name: _____ Religion: _____

Parish in which you are registered: _____

Has student attended religious education classes in the past? _____ If yes, where? _____

Check all Sacraments your child has received and fill in date, church and address of church if known:

	<u>Date</u>	<u>Church</u>	<u>Church Address (City, State)</u>
<input type="checkbox"/> Baptism	_____	_____	_____
<input type="checkbox"/> Penance	_____	_____	_____
<input type="checkbox"/> Eucharist	_____	_____	_____
<input type="checkbox"/> Confirmation	_____	_____	_____

Please attach a copy of your child's Baptismal certificate if your child will be receiving First Sacraments or Confirmation this year, and they were not baptized at St. Mary's or St. Peter's.

Please return this form to the Faith Formation Office at the address above.

Please use the back of this form to explain medical conditions or to note special considerations for your child.

Medical Conditions: Please list life-threatening allergies, such as bee-stings, food allergies, medications, etc.

Special Needs: Please list any learning difficulties, situations, fears or special needs your child may have in a class or group setting.

Concerns: Please list your concerns regarding your child's Religious Education/Faith Formation.

How often will you be available to help in the program?

- Regularly
- Frequently
- Occasionally
- Seldom

With training, I would like to consider serving as a Catechist, Aide or Volunteer on (circle response):

Sunday Morning Monday Evening Wednesday Morning

I would consider helping in the following way:

- _____
- _____