Faith Formation Program for the Parishes of: ST. BASIL THE GREAT and MARY, MOTHER OF THE CHURCH

2024-2025 FAITH FORMATION REGISTRATION FORM

Student's Last Name	<u>First</u>	Age	2024-25 FF Grade
			<u> </u>
Cell # (primary)	Cell(secondary)		Home
Mailing Address			
E-mail Address (primary)			
Father's Full Name			
Mother's Full Name			
Important: please check which	Parish you belong to:	St. Basil	MMC
Registration Fees: \$100.00 for	first child / \$50.00 for a	second child	/ \$200.00 Family Max.
Fees help cover the cost of resources, project materials, and with the Director of Faith Formatis kept from classes due to an in	d food/refreshments for s tion if the fee structure p	pecial events	. Please feel free to speak
FEE ENCLOSED \$	_ Checks payable to the	e Parish to w	hich you belong.
You must Print, fill out the regis Parish, 525 Woodtick Rd., Wolc parish.			•
Parent/Guardian Signature	(Required)		<u>Date</u>

Fill out the next page **ONLY** if you are registering a child for the first time.

To be filled out by **FIRST TIME REGISTRANTS ONLY**.

Mother's Name	
Mother's Maiden Name	
Mother's Religion	
Father's Name	
Father's Religion	
Child's Name	_
Date of Birth	_
Baptism (parish, city, state)	
Communion (parish, city, state)	
Ohild'a Nama	
Child's Name Date of Birth	_
Baptism (parish, city, state)	
Communion (parish, city, state)	
	_
Child's Name	_
Date of Birth	
Baptism (parish, city, state)	
Communion (parish, city, state)	
Child's Nama	
Child's Name Date of Birth	_
Baptism (parish, city, state)	
Communion (parish, city, state)	
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PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISM AND FIRST COMMUNION CERTIFICATE IF RECEIVED AT ANOTHER PARISH.