

2018-2019 Faith Formation Registration Form

Annunciation of the Lord ~ Office of Faith Formation and Youth Ministry
31 First Street ~ Taunton MA 02780
Mailing Address: 311 Somerset Ave. Taunton MA 02780
Telephone: 508-824-6791 E-mail: aolfaithformation@gmail.com

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Please check one:
 Are you a new student?
 Are you a returning student?
 Are you a transferring student?

___ Payment of \$65.00/student enclosed
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Are you currently registered parishioners at Annunciation of the Lord: ___ Yes ___ No

Family Information

Family Name: _____ Telephone: _____
Address _____ City _____ Zip _____
Alternate Address _____ City _____ Zip _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____
Maiden Name: _____
Mother's Email: _____ Father's Email: _____
Mother's Cellular #: _____ Father's Cellular #: _____
Mother's Religion: _____ Father's Religion: _____
Status: Single Married Separated Divorced Remarried
(Circle One) (Circle One)
Same Address? _____ Same Address? _____

Student Information - First, Middle & Last Name Required for each child (no middle initials)

1. Student's Name: _____ Sex: Male () Female ()
Child's School: _____ Grade for 2018-2019: _____ Age: _____
Student's Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State
Date of Baptism: _____ Church / Address of
Baptism: _____
Month/Day/Year City State
Date of First Communion: _____ Church/Address of First
Communion: _____
Month/Day/Year City State

Medical and/or Educational Notation

Does your child have any medical conditions/allergies we need to know about? Yes _____ No _____

If yes, please specify:

Does your child have any special educational needs or learning disabilities we should be aware of?

Yes ___ No ___ If yes, please specify:

Emergency Contact during Faith Formation Sessions

Name: _____ Phone # _____ Relationship to Student: _____

Alternate Emergency Contact (other than yourself)

Name: _____ Phone # _____ Relationship to Student _____

Weather cancellations/important reminders we use a service, which will notify you via telephone. Please indicate which telephone number(s) you will like us to use for this service:

Please note: If student is not living with his or her birth mother/father, please enter the following:

Birth Father: _____

Birth Mother: _____ Birth Mother's Maiden: _____

I would like to know more about volunteering in the Faith Formation Program.

Name: _____

Telephone Number: _____

E-mail Address: _____

Parent/Guardian Signature: _____ **Date:** _____