

2019 – 2020 Faith Formation Registration Form

Annunciation of the Lord ~ Office of Faith Formation and Youth Ministry
31 First Street ~ Taunton MA 02780
Mailing Address: 282 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 \$75.00/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)	Status: Single Married Separated Divorced Remarried (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 2019-2020: _____ 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

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

2. Student's Name: _____ Sex: Male () Female ()
Child's School: _____ Grade for 2019-2020: _____ 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

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

3. Student's Name: _____ Sex: Male () Female ()
Child's School: _____ Grade for 2019-2020: _____ 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

Please note: If your child is new in our program or preparing to receive First Communion or Confirmation please include a copy of their baptismal certificate, if you have not already done so. If your child is not current with their Sacraments based on grade level, please let us know.

If your child is new to the parish and attended Faith Formation at another parish, please let us know.

Child's Name: _____ Years attended: _____

Name of Church: _____

Church address: _____
Street Address City State

Child's Name: _____ Years attended: _____

Name of Church: _____

Church address: _____
Street Address 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:** _____