

ST. IGNATIUS CHILDREN & YOUTH FAITH FORMATION REGISTRATION

CHILDREN ENTERING THEIR SECOND YEAR OF FORMATION FOR COMMUNION AND CONFIRMATION ARE TO BE REGISTERED ON A SEPARATE FORM (SENT SEPARATELY)

SESSIONS:

Session 1: Grades Pre-K – 2nd Grade..... Sunday Morning 10:00 – 11:15 AM

Session 2: Grades 6th-7th.....8th Pre-Confirmation.....Tuesday Evening 6:30 – 8:00 PM

Session 3: Grades 3rd-7th8th Pre-ConfirmationWednesday Evening 6:30 – 8:00 PM

PLEASE PRINT AND COMPLETE ALL INFORMATION REQUIRED

PRIMARY PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____
FIRST MIDDLE LAST

MOTHER'S NAME: _____
FIRST MIDDLE LAST MAIDEN

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

PREFERRED E-MAIL: _____

EMERGENCY CONTACT: _____ CONTACT NUMBER _____

ARE BOTH PARENTS CATHOLIC? _____ RELIGION _____

MARITAL STATUS: CHURCH MARRIED ___ MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOWED ___ SINGLE ___

ARE YOU REGISTERED WITH THIS PARISH: _____

SESSION # _____ GRADE _____ ATTENDED FAITH FORMATION IN THE PAST? Yes _____ No _____

CHILD'S NAME: _____
FIRST MIDDLE LAST

BIRTH DATE _____ PLACE OF BIRTH _____

GRADE IN FALL: _____ NAME OF SCHOOL NOW ATTENDING: _____

BAPTISM DATE AND CHURCH _____

FIRST COMMUNION DATE AND CHURCH _____

SPECIAL NEEDS/ALLERGIES: _____

SESSION # _____ GRADE _____ ATTENDED FAITH FORMATION IN THE PAST? Yes _____ No _____

CHILD'S NAME: _____
FIRST MIDDLE LAST

BIRTH DATE _____ PLACE OF BIRTH _____

GRADE IN FALL: _____ NAME OF SCHOOL NOW ATTENDING: _____

BAPTISM DATE AND CHURCH _____

FIRST COMMUNION DATE AND CHURCH _____

SPECIAL NEEDS/ALLERGIES: _____

SESSION # _____ **GRADE** _____ **ATTENDED FAITH FORMATION IN THE PAST? Yes** _____ **No** _____

CHILD'S NAME: _____

BIRTH DATE _____ PLACE OF BIRTH _____

GRADE IN FALL: _____ NAME OF SCHOOL NOW ATTENDING: _____

BAPTISM DATE AND CHURCH _____

FIRST COMMUNION DATE AND CHURCH _____

SPECIAL NEEDS/ALLERGIES: _____

SESSION # _____ **GRADE** _____ **ATTENDED FAITH FORMATION IN THE PAST? Yes** _____ **No** _____

CHILD'S NAME: _____

BIRTH DATE _____ PLACE OF BIRTH _____

GRADE IN FALL: _____ NAME OF SCHOOL NOW ATTENDING: _____

BAPTISM DATE AND CHURCH _____

FIRST COMMUNION DATE AND CHURCH _____

SPECIAL NEEDS/ALLERGIES: _____

IMPORTANT

Please sign if you give St. Ignatius of Antioch Roman Catholic Church permission to photograph your Child (ren) and use photographs for banners, posters, parish Webpage, of the Parish Bulletin.

Signature of Legal Guardian: _____

If you can spare two hours a week, from September to April, our ministry would appreciate your time, talent, and effort. This is one hour for planning and one hour ministering to the children. We have many wonderful resources to assist you and a great teachers guide. Our Diocese requires fingerprinting, back ground check and Safe Environment training.

VOLUNTEERING = PARTNERS IN MINISTRY

Catechist/Teacher _____ Co-teach/Team Teach _____ Substitute Catechist _____

Hall Monitor _____ Other: _____

FEE: \$40.00 1 CHILD; \$60.00 2 OR MORE CHILDREN

CHECKS PAYABLE TO: St. Ignatius

MAIL COMPLETED FORM TO: St. Ignatius of Antioch

Children and Youth Faith Formation

715 E. Orange St

Tarpon Springs, FL 34689

******* NO FAMILY WILL BE TURNED AWAY FROM FAITH FORMATION DUE TO FINANCIAL REASONS*******

******* OFFICE USE ONLY**

DATE RECEIVED _____ **AMOUNT** _____ **CASH** _____ **CHECK #** _____ **RECEIVED BY** _____

