



Family Faith Formation Registration

Family Last Name: _____

Parent(s): _____

Address: _____

Phone Number(s): _____

Email Address: _____

Registration Fees:

\$15 per child, family max of \$30

\$15 Sacrament Fee for children receiving First Confession & Communion

Total: _____

Student Information

With each child's information, please note any physical, health, or learning condition of your child/children about which we ought to be aware. Please note all information pertinent to your child/children's needs. Religious Education director may share information submitted on this form with staff to benefit the learner.

Parents, please read the following:

1. Growth in one's faith is a lifelong process.
2. Parents are the primary spiritual educators of their children.
3. It is our program's intention to support the spirituality of families.
4. Parental participation and support are integral components of our program.



Church ^{of} the Madalene

Child's Name: _____ Grade: _____

Sacraments Received: _____

Notes: _____

Child's Name: _____ Grade: _____

Sacraments Received: _____

Notes: _____

Child's Name: _____ Grade: _____

Sacraments Received: _____

Notes: _____

Child's Name: _____ Grade: _____

Sacraments Received: _____

Notes: _____

Child's Name: _____ Grade: _____

Sacraments Received: _____

Notes: _____