

**HOLY NAME OF MARY FAITH FORMATION  
REGISTRATION FOR 2022-2023**

Student Names	Grade as of Sept. 2022	BIRTH DATE

PLEASE PRINT:

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENTS' NAMES (INCLUDE LAST NAMES IF DIFFERENT) \_\_\_\_\_

LIST NAMES OF EACH CHILD THAT WILL NEED PREPARATION FOR ANY OF THE FOLLOWING SACRAMENTS THIS YEAR:

BAPTISM \_\_\_\_\_ EUCHARIST \_\_\_\_\_ (2nd Grade)

FIRST RECONCILIATION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_  
(2nd Grade) (10th Grade)

Photo Release: I give my permission for photographs of the persons on this registration to be published on the website/Facebook page of Holy Name of Mary Catholic Church. I understand that these photos can be viewed by anyone in the world, but **no identifying information will be displays.**

PLEASE RETURN THIS FORM TO THE OFFICE.

FEES: \$25 PER CHILD FAMILY MAX \$60

PAID \_\_\_\_\_

## INFORMATION FORM

*Please fill out the information below to assist us in providing the best Faith Formation sessions we can for your children and youth. Please give as many specific suggestions as you can.*

Check any of the following areas that apply with details as needed.

### \_\_\_\_\_ Allergies

- Food \_\_\_\_\_
- Environmental \_\_\_\_\_

\_\_\_\_\_ **Physical needs:** including motor, speech, hearing or visual, etc. Including issues due to recent injury, surgery or ongoing treatment. Are there any environmental considerations?

**Emotional needs:** (i.e. recent death or divorce in the family, fear of spiders)

**Learning needs:** Difficulties a child/youth has in attention, comprehension, writing, reading or expressing themselves at age or grade level.

**Medical needs:** (i.e. chronic illness that may affect child/youth participation and/or performance, such as epilepsy, cystic fibrosis, diabetes, asthma, etc.) Please indicate the severity of the condition.

- Precautions or special procedure:

**Medications** taken or side effects of medication taken that we need to be aware of?

**Emergency phone contact** of someone who is familiar with your child's needs.

Name \_\_\_\_\_ Number \_\_\_\_\_

*Communication is so important. Please speak to your child's teacher often, and provide him or her all the information you can to help make this a great time for learning the Faith.*