**CONFIRMATION PROGRAM**

**Faith Formation Registration Form 2024 - 25**

**CATHOLIC FAMILY OF SOUTH BUFFLO**

*Our Lady of Charity/St. Martin of Tours/ St. Teresa of Avila/St. Thomas Aquinas*

\*You must be registered in your parish and participate in the

life of the parish to be eligible for Faith Formation/Sacrament Preparation.

Please contact Cheryl McNerney at cheryl16@aol.com or 823-8575 with any questions or concerns.

|  |  |
| --- | --- |
| **Your Parish:** |  |
| Family Last Name: | Phone: |
|  | Cell: |
|  | E-Mail: |
| Names of Students to be registered: | Grade: | School: |
|  |  |  |
|  |  |  |
|  |
| Address: | City:  | Zip: |
| Mother: | Father: |
|  (Last) (First) (Maiden) |  |
| Religion: | Religion: |
| Employer: | Employer: |
|  |  |
| Are there any current events (birth, death, illness, family changes, etc.) that affect your child’s life in which I need to be aware? |
| In case of an emergency when a parent cannot be reached, call: |
| Contact’s Name: | Phone: |
| Address: | Relationship to child: |
|  |  |

OVER

|  |  |
| --- | --- |
| **Student Name:** | **Grade in Sept. 2024:** |
| Date of Birth: |  |
| Church of Baptism: | City/State: | Date: |
| \*Baptismal Certificate needed if not baptized in one of our parishes. |
| 1st Reconciliation:  |  |
| Date: | Parish: |
| 1st Eucharist: |  |
| Date: | Parish |
| Does your child have a disability or special need that may require attention? (ex.; food allergy, hearing, vision, etc..) |
| Student last attended Faith Formation classes at: | Parish: | Grade Completed: |

|  |  |
| --- | --- |
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| Date of Birth: |  |
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**Please make check’s payable to St. Teresa Church**

(All fees will be credited to your Parish)

|  |  |
| --- | --- |
| **Registration Fee** | **Office Use Only** |
| $50.00 per child  | Registration Fee Paid: |
| $100.00 for 2 children |  |
| $125.00 for 3 or more children |  |

**This form must accompany the children on the first day of class.**

Please pay the registration fee within 60 days of registration.

(All children are welcome regardless of ability to pay.)

**I give permission for my child’s picture/likeness to be used on Parish Family’s Social Media.**

**Yes, I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent’s Signature)**

**No, I do not give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent's Signature)**