**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](mailto: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: | | 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: |

**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)**