

OFFICE USE ONLY:

Amount Due: \_\_\_\_\_

Check #: \_\_\_\_\_

Class: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

Room #: \_\_\_\_\_



**FAMILY FAITH FORMATION REGISTRATION FORM  
2022-2023**

Today's Date: \_\_\_\_\_

Parish Registration #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade in 2022-2023 school year: \_\_\_\_\_

School: \_\_\_\_\_

| Has your child received these sacraments? | Yes                      | No                       |                       | Yes                      | No                       |
|---|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|
| Baptism                                   | <input type="checkbox"/> | <input type="checkbox"/> | Confirmation          | <input type="checkbox"/> | <input type="checkbox"/> |
| Reconciliation (Confession)               | <input type="checkbox"/> | <input type="checkbox"/> | Eucharist (Communion) | <input type="checkbox"/> | <input type="checkbox"/> |

Circle the grades your child has attended Faith Formation **here at Sacred Heart**:

PK    K    1    2    3    4    5    6    7    8    9    10

Other Catholic religious education:

Church/School: \_\_\_\_\_ Grades: \_\_\_\_\_

Family Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**→ → → → PLEASE COMPLETE BACK SIDE OF THIS FORM → → → →**

Child lives with:  Both Parents  Father  Mother  Other: \_\_\_\_\_

Who is responsible for this child's Mass attendance and practice of his/her religion?

---

Are there any special family circumstances that may affect participation in Mass or Family Faith Formation sessions?

---

---

---

In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during Family Faith Formation sessions.

---

---

---

- CHOOSE ONE:**
- Sunday Family Faith Formation**  
**Meets IN-PERSON bi-weekly (10:30AM-12:00PM)**  
**At least one parent must stay and participate with child/youth**
  - Wednesday Family Faith Formation**  
**Meets IN-PERSON bi-weekly (6:30PM-8:00PM)**  
**At least one parent must stay and participate with child/youth**

**FAITH FORMATION FEES: \$110.00 per child**

Some of our families need help with their tuition. Would you like to sponsor one of these children?

Yes, enclosed is my donation \_\_\_\_\_. ***Thank you for your generosity!***

Please check one or more areas in which you can assist your child's class:

- Catechist  Office Assistant

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### ANNUAL PHOTO RELEASE

From time to time, photos are used in the parish bulletin and website as well as in newspapers, television and other media used to portray events occurring at our parish. These may or may not be accompanied by photos or videotape of children. The releases may be prepared by Sacred Heart Church or a media representative.

- I do give permission for my child's name and likeness to be included in such publicity releases.
- I do NOT give permission for my child's name and likeness to be included in such publicity releases.

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

**ACKNOWLEDGEMENT** I acknowledge that I have received, read, understand and accept the policies contained in the Faith Formation Family Handbook including the local Parish Program Policies and Procedures, Code of Conduct for Adults Working with Youth, Code of Conduct for Children, Social Communications Policy, and the Safe Environment Policies of the Diocese of St. Petersburg.

**Please check all that apply and print/sign/date in the spaces provided.**

- I will participate in the Safe Environment Education Program for Parents being held virtually via Zoom on October 16, 2022.
- I wish to receive all additional materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.
- I do not wish to receive the materials (beyond handbook policies) related to the Parent/Student Safe Environment Education Program.

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Grade

