

Faith Formation Program 2015/2016

Our Lady of Mercy Parish

2600 Shasta View Dr.

Redding, CA 96002

530-222-3424

Family Registration Form

Registration Date _____

Thank you for your cooperation in completing this form. Current and up-to-date information will help us to better serve your family. **Please return the completed registration form and a copy of your child's Baptismal certificate to the office.** Please know that your information will be held in the strictest confidence and for pastoral use ONLY.

Family Information

Family Last Name _____

Mother's Full Maiden Name _____ Religion _____

Father's Full Name _____ Religion _____

Child(ren) reside with? _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Family Envelope # _____ *If none, do you wish to receive envelopes?* Y / N

Please describe your Mass Attendance: *More than once a week* *Weekly* *Monthly* *Occasionally*

Student Information #1

First Name _____ Last Name if different _____ Nickname _____

Date of Birth _____ Place of Birth _____ Grade _____

Sacramental Information

Please indicate which Sacraments your child has received:

1. Baptism _____

Church _____ City _____ Month/Day/Year _____

2. First Reconciliation _____

Church _____ City _____ Month/Day/Year _____

3. First Holy Eucharist _____

Church _____ City _____ Month/Day/Year _____

4. Confirmation _____

Church _____ City _____ Month/Day/Year _____

Is your child preparing to receive sacraments this year? If so which? _____

How many years has your child attended Faith Formation? _____

Does this child have special learning needs? Please explain _____

Does this child have allergies or medical problems that we should be aware of? Please explain _____

Student Information #2

First Name _____ Last Name if different _____ Nickname _____

Date of Birth _____ Place of Birth _____ Grade _____

Sacramental Information

Please indicate which Sacraments your child has received:

1. Baptism _____

Church _____ City _____ Month/Day/Year _____

2. First Reconciliation _____

Church _____ City _____ Month/Day/Year _____

3. First Holy Eucharist _____

Church _____ City _____ Month/Day/Year _____

4. Confirmation _____

Church _____ City _____ Month/Day/Year _____

Is your child preparing to receive sacraments this year? If so which? _____

How many years has your child attended Faith Formation? _____

Does this child have special learning needs? Please explain _____

Does this child have allergies or medical problems that we should be aware of? Please explain _____

Student Information #3

First Name _____ Last Name if different _____ Nickname _____
Date of Birth _____ Place of Birth _____ Grade _____

Sacramental Information

Please indicate which Sacraments your child has received:

- 1. Baptism _____
Church _____ City _____ Month/Day/Year _____
- 2. First Reconciliation _____
Church _____ City _____ Month/Day/Year _____
- 3. First Holy Eucharist _____
Church _____ City _____ Month/Day/Year _____
- 4. Confirmation _____
Church _____ City _____ Month/Day/Year _____

Is your child preparing to receive sacraments this year? If so which? _____

How many years has your child attended Faith Formation? _____

Does this child have special learning needs? Please explain _____

Does this child have allergies or medical problems that we should be aware of? Please explain _____

EMERGENCY INFORMATION

In case of emergency, please contact: _____

Name	Phone #	Relationship to Child
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In the event of an emergency, I authorize medical services and or any treatment necessary on behalf of the minor child(ren) named above. I understand that I am responsible for any and all expenses incurred in obtaining medical services and treatment, including emergency transportation.

My signature below grants permission for my child to attend and participate in the Children’s Faith formation Program at Our Lady of Mercy, Redding, CA.

Parent Signature: _____ Date _____

Please indicate and initial if we have permission to photograph your child (ren)? **Yes** **No** _____

SECURITY: We expect all children to be “Brought in” and ‘Picked up” from the hall by an adult. Please help us keep your child safe by adhering to this request.

Also, in the event you personally are unable to pick up your child, please provide us with a list of names of those adults that you trust to transport your child to and from CFF. Please notify these people that they will be asked to show picture ID.

The following people have permission to transport my child:

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____