

*Children's Faith Formation Program*  
**Our Lady of Mercy Parish**  
*2013/2014*

**Returning Registration Form**

Thank you for returning to the Children's Faith Formation Program at Our Lady of Mercy. Current and up-to-date information will help us to better serve your family. Please return the completed returning registration form AND if you haven't already done so, please bring 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.

**Registration Date** \_\_\_\_\_ **Donation** \_\_\_\_\_

**Student** Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does this child have allergies, medical problems or special needs that we should be aware of? Please explain \_\_\_\_\_

Is this child preparing to receive sacraments this year? If so which? \_\_\_\_\_

How many years has this child attended Faith Formation? \_\_\_\_\_

**Student** Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does this child have allergies, medical problems or special needs that we should be aware of? Please explain \_\_\_\_\_

Is this child preparing to receive sacraments this year? If so which? \_\_\_\_\_

How many years has this child attended Faith Formation? \_\_\_\_\_

**Student** Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Does this child have allergies, medical problems or special needs that we should be aware of? Please explain \_\_\_\_\_

Is this child preparing to receive sacraments this year? If so which? \_\_\_\_\_

How many years has this child attended Faith Formation? \_\_\_\_\_

**Emergency Contact for your child(ren):** \_\_\_\_\_

**Name** **Phone #** **Relationship**

*A time to grow in love and faith.*

**Family/Parent Information**

Family Last Name \_\_\_\_\_

Mother's **Maiden** Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Who does the Child(ren) reside with? \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Do we have permission to photograph your child (ren)? Yes No

Is there anything else we should know or you would like to share?