

Most Precious Blood RC Church

22 Prospect Street
Angola, New York 14006

school grade

Faith Formation – New Student Registration Form 2011-12
(Important! Please complete both sides of form)

Student's Full Name (print): _____ **Today's Date:** _____

Parent or Guardian Information:		Spouse:	
Last Name: _____	First Name: _____	Last Name: _____	First Name: _____
Relationship to Student: _____		Relationship to Student: _____	
Religion: _____		Religion: _____	
Maiden Name of Mother: _____			
Street Address: _____			
City/Town: _____		Zip: _____	
Mailing Address (ONLY if different than street address)			
Mailing Address: _____		City: _____	Zip: _____
Marital Status: RC Church ___; Other Church ___; Civil ___; Co-habit ___; Single ___; Other ___			
Phone: _____		Type (Home/Office)<Circle One>	Mobile: _____
Phone: _____		Type (Home/Office)<Circle One>	Mobile: _____
Preferred email: _____; other email: _____			
Parish Status: (Circle One) MPB: Parishioner Non-Parishioner			
Are the parents or legal guardians registered at <i>another</i> Parish (Yes/No)? <Circle One>			
If Yes, name of Parish: _____			
Street Address: _____		City: _____	Zip: _____

Siblings Registered in Religious Formation at MPB:	
Name: _____	Faith Formation Group/level: _____
Name: _____	Faith Formation Group/level: _____
Name: _____	Faith Formation Group/level: _____

Emergency Contact Information:	
Name: _____	
Relationship: _____	
Address: _____	City: _____ Zip: _____
Phone: (home) _____	(mobile) _____ (other) _____
Email: _____	

See Reverse Side

Student Information:

Last Name: _____ First Name: _____
 Middle: _____
 Phone: (Home) _____ Mobile: _____
 Email: _____ (to be used for notices in addition to parent email)
 Gender (circle): M F
 Birth date: _____
 Relationship to Parents/Guardians <Circle One> (Child, Grandchild, Foster) Other: _____
 Allergies/Health Concerns: _____
 Current Religious Affiliation – if not Catholic: _____
 Nickname (if used): _____
 Grade currently attending in school: _____
 School Name: _____
 School Location: _____

Sacraments:

Note: For children baptized at another Parish, a copy of Baptismal Certificate must be provided.

- 1. Baptism:** Name: _____
 Date: _____
 Performed by: _____
 Church of Baptism: _____
- 2. Reconciliation** Year: _____
 Church: _____
- 3. First Communion** Date: _____
 Church: _____
- 4. Confirmation** Confirmation Name: _____
 Date: _____
 Confirming Bishop/Priest: _____
 Church of Confirmation: _____

**Certificate
presented on:**

_____ | MPB

Registration Fees:

1 Child: \$45.00 2 Children: \$65.00 3 or more Children: \$75.00
 Sacramental Fees (Reconciliation, 1st Communion, Confirmation): \$25.00
(The Confirmation Retreat Fee will be determined in February 2011).

Faith Formation Program:	Grades	Times	Dates
	K-5	Sunday 9:00 a.m. – 10:15 a.m.	9/18/11 – 5/20/12
	6-8	Tuesday 6:30 p.m. – 8:30 p.m.	9/13/11 – 5/30/12
	9-12	Sunday 6:30 p.m. – 8:30 p.m.	9/18/11 – 6/04/12

For Parents: I can occasionally assist in the following areas: (please check all that apply)

Classroom___ **Formation Office**___ **Crafts**___ **Music**___ **Snacks**___ **Phone calls**___

Office Use Only: Amount Received: _____ Date: _____ Cash: _____ Check#: _____ Received by: _____

Copy of Baptismal Certificate Required? (Y/N): _____