

REGISTRATION FOR ST. MARGARET'S FAITH FORMATION 2018-2019

RETURN THIS FORM TO ST. MARGARETS

CHILDREN WILL NOT BE ABLE TO ATTEND CLASSES UNTIL THIS REGISTRATION FORM IS RECEIVED.

Family Information:

Father's Name _____ Address _____ City _____ Phone _____ Cell _____

Mother's Name _____ Address _____ City _____ Phone _____ Cell _____

Children are living with Mother _____ Father _____ Both _____

Parent's Email: _____

Children being registered:

First Name	Last Name	School	Grade(in Sept)	Parish where family is registered
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

People other than a custodial parent who is authorized to pick-up your child:

Name	Phone	Name	Phone	Name	Phone
_____	_____	_____	_____	_____	_____

Fee: \$45.00/child, add \$5.00/child in 1st Communion class. Paid _____ Bill me _____

If for some reason you feel you cannot pay the fee let the Director of Faith Formation know so that you do not receive a reminder notice.
No child will be deprived of Faith Formation because of financial concerns.

(Please see the back of this form)

Any information helpful for us to know: (medical, food allergies, learning, family, custodial arrangements)

Does your child have health insurance? _____yes or _____no.

If not, would you like someone to contact you concerning Child Health Plus? _____yes or _____no.

Photo Release: I give my permission for my child(ren)'s photos to be posted on St. Margaret's website and Facebook page. This will only be for any special events that my child(ren) is involved with at St. Margaret's Church.

Parent Signature

Parents: If you are not Catholic and would be interested in learning about the Catholic faith please check below.

_____ I would like to learn more about the Catholic Faith

RETURN TO:

St. Margaret's Parish

14 Copeland Ave.

Homer, NY 13077

Christine Williams, Director of Faith Formation – 749-2542

(christine.williams@stmargaret-homer.org)