

**ST. MARY OF THE PRESENTATION
REGISTRATION FORM FOR CHRISTIAN FORMATION
GRADES K - 12**

Formation Year _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

OR GUARDIAN'S FULL NAME _____

ADDRESS _____

TELEPHONE # Home _____ Work _____ Cell _____

E-MAIL ADDRESS _____

TUITION: \$15.00 per child

SACRAMENTAL FEES: Reconciliation & First Eucharist = \$15 / Confirmation = \$45

****A copy of a Baptismal Certificate is required** for those who are preparing for sacraments.

Office Use: Cash _____ Check _____ Check # _____

Date Paid _____

First Sacraments Form _____ Confirmation Form _____ Baptism Certificate _____

Child 1

CHILD'S FULL NAME _____

DATE OF BIRTH _____ Grade _____

SACRAMENTS RECEIVED:

Please check Date/Year Name of church/ city & state

_____ Baptism _____

_____ 1st Eucharist _____

_____ Reconciliation _____

_____ Confirmation _____

Child 2

CHILD'S FULL NAME _____

DATE OF BIRTH _____ Grade _____

SACRAMENTS RECEIVED:

Please check Date/Year Name of church/ city & state
_____ Baptism _____

_____ 1st Eucharist _____

_____ Reconciliation _____

_____ Confirmation _____

Child 3

CHILD'S FULL NAME _____

DATE OF BIRTH _____ Grade _____

SACRAMENTS RECEIVED:

Please check Date/Year Name of church/ city & state
_____ Baptism _____

_____ 1st Eucharist _____

_____ Reconciliation _____

_____ Confirmation _____

Child 4

CHILD'S FULL NAME _____

DATE OF BIRTH _____ Grade _____

SACRAMENTS RECEIVED:

Please check Date/Year Name of church/ city & state
_____ Baptism _____

_____ 1st Eucharist _____

_____ Reconciliation _____

_____ Confirmation _____

MEDICAL INFORMATION

1. Does your child/children have any allergies? ___Yes ___No

Names: _____

If “yes”, please list

2. Does your child have medication of any type with them?

If “yes”, please list.

3. Is there any other physical or emotional condition of which we need to be aware of?

Please explain.

In the event of any emergency, I give authority to the accompanying adult(s) to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

Parent/Guardian signature:

Date _____

**ST. MARY of the PRESENTATION
PHOTO CONSENT FORM**

I, _____
_____ give permission to St. Mary's Christian Formation to take pictures of my child/children and use them as part of: the internet (websites, Face book, social media), St. Mary's Catholic Church, youth group needs, Diocese of Richmond media, Catholic Virginian and other Catholic media sources.

Child's Name: _____
Last First Middle

Child's Name: _____
Last First Middle

Child's Name: _____
Last First Middle

Child's Name: _____
Last First Middle

Parent/Guardian signature

Date

**ST. MARY of the PRESENTATION
PICK UP INFORMATION FORM**

Child's Name: _____ Grade: _____
Last First Middle

Child's Name: _____ Grade: _____
Last First Middle

Child's Name: _____ Grade: _____
Last First Middle

Child's Name: _____ Grade: _____
Last First Middle

Father's Name: _____
Phone -Cell: _____ Home: _____

Mother's Name: _____
Phone -Cell: _____ Home: _____

Legal Guardian: _____
Phone -Cell _____ Home _____

Person who will be picking up your child/children

Name: _____

Phone -Cell: _____ Home: _____

I, _____

Parent/Guardian

give the above named person permission to pick up the child/children listed on the top of this form.

Date _____