St. Margaret's Faith Formation Program

2025-2026
$50.00 per child $100.00 max per family

Student's Full Name: _____
(First – Middle – Last)

Student's date of birth: _____
(Month / Day / Year)

Mother's Name_____
(First / Middle / Maiden Last name)

Father's Name = _____
(First / Middle / Last)

Grade entering in September = _____ Name of School _____

Faith Formation Grade (choose one) _____

First Communion I. (Grade 1) First Communion II (Grade 2) Grade 3 Grade 4 Grade 5
Grade 6 Grade 7 Confirmation I (Grade 8) Confirmation II (Grade 9)

Address = _____
Street or P.O. Box #

_____
(Town / State / Zip code)

Email Address_____
(Please Print Clearly)

Home Phone #: _____

** Parent / Guardian Cell Phone Numbers (at least 2 for Emergency Contact) **

Phone # _____ Name of Contact =_____

Phone # _____ Name of contact =_____

Baptism Date: _____(Month / Day/ Year)

Parish Baptized at: _____
Parish Name, Town, State

For all new students to our program, you must provide documentation for Baptism/First Communion. A photocopy of a parish issued certificate is preferred.

If your child is transferring into our program from another Parish program, we ask that you get a letter from the previous Parish stating the last grade level completed.

Medical Emergency Information

Physician or source of Health Care: Please print doctors name, address and phone#

_____

_____

Medications, Allergies, Chronic Health conditions:

_____

_____

Please list any Special instructions:

_____

_____

I Grant_____ Do Not Grant_____ St. Margaret's Parish the right to take photographs of and/or to include my child(ren) registered for Faith Formation in the streaming video of the Mass and other events, and his/her property in connection with parish & organizational activities. Authorization, it assigns and transferees to copyright, use and publish the same in print and/or electronically.

As the Parent / Guardian of _____,
I release St. Margaret's Parish and the Faith Formation program from any liability due to accident or injury that may occur during any normal group related events, classes or activities that are not the result of neglect. I hereby grant permission to administer Basic First Aid and / or C.P.R to my child and permission to take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent / Guardian signature: _____