

FAITH FORMATION REGISTRATION FORM

Family Name _____

Family E-Mail Address _____

Father's Name _____

Mother's Name _____

Address _____

Phone # Home _____ **Work** _____ **Cell** _____

Holy Family Faith Formation:

Child's Name _____

Date of Birth _____

Grade _____

Please mark the following sacraments you would like your child to receive in the 2015/2016 school year. Confirmation is a two year program, so those enrolled this year will make their Confirmation in 2017

Sacrament of Eucharist **Yes** _____ **No** _____

Sacrament of Penance **Yes** _____ **No** _____

Sacrament of Confirmation **Yes** _____ **No** _____

Holy Family Catholic Community is no longer asking a registration fee for any classes. Your registration form must still be returned to the office by August 30th, 2015, so that we may order the correct numbers of books and materials for each class.

Please indicate if your child has any special needs (learning disabilities, handicaps, allergies, etc.) that we should be aware of _____

Who should be notified in case of an emergency if a parent can not be reached.

Name _____

Phone (days) _____ **(evenings)** _____

Volunteering:

For a special occasion _____

To help with a lesson or craft project _____

To bring in special items for a particular lesson _____

Substitute teach on a rotation list _____

Help address special mailings and stuff envelopes _____

Share any special talents your might have:

Musical _____

Art _____

Crafts _____

Computer skills for flyers _____

Etc. etc. etc. _____

Drama _____

Games _____

SUGGESTIONS: _____

THANK YOU FOR ENROLLING YOUR CHILD IN HOLY FAMILY'S FAITH FORMATION PROGRAM! IF YOU HAVE ANY QUESTIONS YOU CAN REACH ME AT THE FOLLOWING:

OFFICE: 585-728-2228

jnielsen@dor.org

**Holy Family Catholic Community
206 Fremont Street
Wayland, NY 14572**