

Faith Formation Registration Form
Immaculate Heart of Mary
Parish

24 Sacred Heart Place, Auburn, ME 04210

Session we will attend most often:
Sunday AM St. Philip _____
Tuesday PM St. Philip _____
Sunday AM SH _____

STUDENT'S FULL NAME: _____

DOB: _____ Male Female School: _____ Grade: _____
First Full Middle (not just initial) Last Suffix

SACRAMENTS

Baptism**: Yes No

Date: _____

Church: _____

City/State: _____

Confirmation: Yes No

First Eucharist: Yes No

Please list any medical conditions, severe allergies, special needs, learning differences, etc.:

STUDENT'S FULL NAME: _____

DOB: _____ Male Female School: _____ Grade: _____
First Full Middle (not just initial) Last Suffix

SACRAMENTS

Baptism**: Yes No

Date: _____

Church: _____

City/State: _____

Confirmation: Yes No

First Eucharist: Yes No

Please list any medical conditions, severe allergies, special needs, learning differences, etc.:

STUDENT'S FULL NAME: _____

DOB: _____ Male Female School: _____ Grade: _____
First Full Middle (not just initial) Last Suffix

SACRAMENTS

Baptism**: Yes No

Date: _____

Church: _____

City/State: _____

Confirmation: Yes No

First Eucharist: Yes No

Please list any medical conditions, severe allergies, special needs, learning differences, etc.:

Contact DonSmith at donald.smith@portlanddiocese.org or 207-782-8096 ext. 1202 for any questions.

****COPY OF BAPTISMAL CERTIFICATE REQUIRED FOR ANY CHILD WHO IS PREPARING FOR CONFIRMATION/FIRST COMMUNION.****

**PLEASE CLEARLY PRINT ALL INFORMATION:
INFORMATION IS CONFIDENTIAL**

PRIMARY E-MAIL ADDRESS: _____ (e-mail address checked most often)

FATHER'S FULL NAME: Mr./Dr. _____			
	First	Middle	Last
Mailing Address: _____			
Telephone: _____			
Home	Cell	Work	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N

MOTHER'S FULL NAME: Ms./Mrs./Dr. _____			
	First	Middle	Maiden Last
Mailing Address (if different): _____			
Telephone: _____			
Home	Cell	Work	
Religion: _____	Baptized? Y / N	Confirmed? Y / N	First Communion? Y / N

Medical Release

I give my permission to have the child/children listed on this form transported by ambulance to a medical facility in the event of illness, injury and/or medical emergency. I also agree that he/she/they may, if needed, be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Immaculate Heart of Mary Parish of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Signed: _____ Date: _____
Parent/Legal Guardian

Photography Waiver

I give permission to have the child/children listed on this form photographed for various events throughout the year. Photos may be used in promotional and informational material about Faith Formation at Immaculate Heart of Mary Parish.

Signed: _____ Date: _____
Parent/Legal Guardian

I Want to Volunteer!

Teacher Teacher's Aide Substitute Teacher Children's Liturgy of the Word Helper

Donation

A donation of \$20.00 per child helps offset the cost of providing the curriculum and materials for this program. If you are unable to afford this, please do not let that be a hindrance to participating in the program. We would much rather have you and your children here than have your money!