2023-2024 Faith Formation			<u> </u>	Please pri		<u>J</u>		Office Use
Family Last Name	Mailing	g Address	Check here i	f new information	City, State, Zip		- Date Received	
E-Mail Contact		Primary Cell Phone				Alternate/Emergency Cell Phone # & Name		-
*Parish of Registration (if not SFDS):								
FATHER'S NAME	ADDI	RESS (IF D	IFFERENT)					
MOTHER'S MAIDEN NAME	ADD	RESS (IF D	IFFERENT)					
STUDENT INFO.FOR CHILL	DREN IN C	GRADE	S K THRU	HIGH SCHO	<u>OL</u>			
NAME (List last name if different from Family Last Name listed above.)	Date of Birth	Male Or Female	Grade for Fall 2023	2023-2024 School Attending		In-person OR Home Study	Health Issues/Spec	cial Needs
1	/ /							
2	/ /							
3	/ /							
4	/ /							
, c	chool/Confir K-8 with bi-	nation m monthly	neets once a m family meeting	onth on the secon		• , • •		
SACRAMENTAL NEEDS DU			4 SCHOOL In need of	In need of	cutive y	ears of Faith Formation In need of	was not enrolled at 5	
and place a check mark in the box for the sacramer needed.  CHILD'S NAME	III IIICCU	M 1 <sup>ST</sup>	EUCHARIST Grade or above)	1st RECONCILIA (2nd Grade or abo		CONFIRMATION	(List school or P	
1			,					
2								

Class fees, Home Study fees and Sacramental fees are listed on the back of this form.

3

Program FEE (Section A)

One Child Faith Formation	\$80
Two or more Children Faith	\$130
Formation	

## Sacrament Fees (Section B)-

Sacramental fees in addition to the Program fee.

(fee covers books, materials, and fees specific to sacraments)

First Eucharist	\$65 per child
First Reconciliation	\$65 per child
Confirmation	\$70 per child

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Total Program Fee	
(Section A)	
Total Sacramental Fee	
(Section B)	T
Total Due	\$

## **Payment Options**

GiveCentral online portal

(https://www.givecentral.org/location/488/event/37555)



## <u>Liability Waiver:</u> Failure to sign this portion could result in a delay in enrolling your child(ren) in class.

I, being a parent or legal guardian of the student's listed on this form, hereby allow my child(ren) to participate upon my own initiative and application and I assume all risks of his or her participation in the Faith Formation program. In consideration of his or her participation in said program, I hereby release St. Francis de Sales, Abingdon, MD and the Archbishop of Baltimore, a corporation sole, its' Board, officers, employees and volunteers from any claims or liability arising from any accident or injury to my child(ren) occurring during or as a result of my child's participation in the Faith Formation Program.

r as a result of my child's participation in the Faith Formation Program.
I give permission for my child/ren to be photographed or videotaped.
I <b>do not</b> give permission for your child/ren to be photographed or ideotaped.
Signature Date

If a financial hardship exists, contact the parish office to set up a payment schedule on a case-by-case basis.

Any checks returned due to insufficient funds will result in a \$35 fee in addition to the fees due for Faith Formation.