

# FAITH FORMATION REGISTRATION FORM 2024-2025

 Prince of Peace

 St. Francis de Sales

_____ <b>Family Household Name</b>	_____ <b>Mailing Address</b>	_____ <b>City, State, Zip</b>	<b>Office Use</b> Date Received: _____ <input type="checkbox"/> Paid In Full at Registration <input type="checkbox"/> Pay in 3 payments <input type="checkbox"/> Give Central
_____ <b>Main Email Contact</b>	_____ <b>Primary Phone</b> <input type="checkbox"/> Cell <input type="checkbox"/> Landline	_____ <b>Emergency Contact &amp; #</b> <input type="checkbox"/> Cell <input type="checkbox"/> Landline	

_____ <b>Father's Full Name</b>	_____ <b>Address (resides in another home)</b>
_____ <b>Mother's Full Name (Married &amp; Maiden)</b>	_____ <b>Address (resides in another home)</b>

## STUDENT INFORMATION FOR REGISTRATION

Kindergarten – 12th Grade Student Information	School Attending 2024-2025	Gender		Grade for Fall 2024	In-Person or Home Study	Date of Birth	Special Needs Health Concerns
		Male	Female				
1.		<input type="checkbox"/>	<input type="checkbox"/>				
2.		<input type="checkbox"/>	<input type="checkbox"/>				
3.		<input type="checkbox"/>	<input type="checkbox"/>				
4.		<input type="checkbox"/>	<input type="checkbox"/>				
5.		<input type="checkbox"/>	<input type="checkbox"/>				

SFds K-8 Class meets in person on Wednesdays 6:00 p.m.

PoP K-8 Class meets in person 1<sup>st</sup> & 3<sup>rd</sup> Sundays at 10:30 a.m.

SFds Confirmation meets once a month at 9:00 a.m. on the 2<sup>nd</sup> Sunday.

SFds K-8 Home Study Program meets in person at 9:30 a.m. for the family bi-monthly meeting.

## SACRAMENTAL NEEDS DURING THE 2024-2025 SCHOOL YEAR

CHILD'S NAME <small>Please list the name of the child in need of sacraments and check the sacraments needed.</small>	Baptism	1 <sup>st</sup> Eucharist	1 <sup>st</sup> Reconciliation	Confirmation	Notes:
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Fees for Class, Home Study, and Sacramental fees are on the other side of the form.**

**FAITH FORMATION FEES**

One Child Faith Formation \$80 \$ \_\_\_\_\_

Two or more Children Faith Formation \$135 \$ \_\_\_\_\_

**SACRAMENTAL FEES**

First Eucharist + \$70 \$ \_\_\_\_\_

First Reconciliation + \$70 \$ \_\_\_\_\_

Confirmation + \$75 \$ \_\_\_\_\_

**Total Fee Due:** \$ \_\_\_\_\_

**PAYMENT OPTIONS - CHECK OR MONEYORDER**

Pay with check or moneyorder to Pay In Full at time of registration. Payment must clear before Paid in Full.

Make 3 payments with a check or moneyorder. Must be paid two weeks prior to the end of class.

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**LIABILITY WAIVER PHOTO RELEASE AGREEMENT**

I, being the 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 The Pastorate of Prince of Peace, Edgewood and St. Francis de Sales, Abingdon, and the Archbishop of Baltimore, a corporation sole, its Board Officers, employees, and volunteers from any claims of 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.

**PHOTOGRAPHY/VIDEOGRAPHY WAIVER**

I give permission for my child(ren) to be photographed or videotaped which I understand can be used for promotion and publicity purposes for the church.

I DO NOT give permission for my child(ren) to be photographed or videotaped.

I have read and comprehended the photography/video waiver, the liability waiver agreement, and the payment choices. I agree by signing this. I am also aware that there may be a delay in my child(ren)'s class enrollment if I do not sign this agreement.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date