



A FAMILY OF Faith

2024-2025 Faith Formation Registration

Office Use ONLY
\$50/Family
\$50/Sacramental Preparation
Date Received
Initial

FAMILY INFORMATION

Family Name Home Parish

Preferred Mass: St Ignatius: Saturday 5pm Sunday 8am Sunday 11:30am Other

Address Street City State Zip Code

Father's Name Catholic Yes No (First-Middle-Last)

Mother's Name Catholic Yes No (First-Middle-Maiden-Last)

Primary Contact Information
Father Mother Other
Phone
Email

Secondary Contact Information
Father Mother Other
Phone
Email

CHILD 1

Name Male Female
Birthdate Grade (as of 9/1/24) School
List allergies, current medications, or other pertinent information:
Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 2

Name Male Female
Birthdate Grade (as of 9/1/24) School
List allergies, current medications, or other pertinent information:
Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 3

Name _____ (First-Middle-Last) Male Female

Birthdate _____ Month/Day/Year Grade (as of 9/1/24) _____ School _____

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 4

Name _____ (First-Middle-Last) Male Female

Birthdate _____ Month/Day/Year Grade (as of 9/1/24) _____ School _____

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

CHILD 5

Name _____ (First-Middle-Last) Male Female

Birthdate _____ Month/Day/Year Grade (as of 9/1/24) _____ School _____

List allergies, current medications, or other pertinent information: _____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade):

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of programs.

As parent/guardian, I _____ DO GIVE _____ DO NOT GIVE permission for my child(ren) to be photographed during this program.

Signature of Parent/Guardian _____ Date _____

****PLEASE RETURN FORM TO PARISH OFFICE OR EMAIL TO:**

youth@stiggys.org