



**PRINCE OF PEACE
CATHOLIC CHURCH**

16 SAINT CROIX STREET • LEWISTON, MAINE 04240
POST OFFICE BOX 1540 • LEWISTON, MAINE 04241-1540

**Faith Formation Registration Form
2017-2018**

PLEASE PRINT ALL INFORMATION:
Please be sure to complete both sides of this Registration Form

CHILD'S FULL NAME: _____
First Name Full Middle Name (not just initial) Last Name Suffix

DOB: _____ Male Female School: _____ Grade in Fall: _____

Was this child enrolled in Faith Formation at Prince of Peace last year? Yes No

| <u>SACRAMENTS</u> | <u>CLASS SELECTION</u> |
|--|--|
| Baptism**: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Church: _____ City/State: _____ Confirmation: Yes <input type="checkbox"/> No <input type="checkbox"/> First Eucharist: Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> <u>Family Faith Formation</u> = Sunday Morning, Holy Family 9:30 - 10:45 am- (Grades 1-5) <input type="checkbox"/> <u>Family Faith Formation</u> = Sunday Afternoon, Basilica 12:30-1:45pm (Grades 1-5) <input type="checkbox"/> <u>Classroom Program</u> = Monday Evening, Holy Family 6:00 pm-7:15 pm (Pre K – Grade 5) <input type="checkbox"/> <u>Middle School</u> (6/7/8) Youth Ministry – Sundays 6-8pm <input type="checkbox"/> <u>High School</u> (9/10/11/12) Youth Ministry – Sundays 6-8pm <input type="checkbox"/> <u>St. Joseph's SPRED Program</u> |

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

CHILD'S FULL NAME: _____
First Name Full Middle Name (not just initial) Last Name Suffix

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

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

DONATION FEE: CHECKS PAYABLE TO PRINCE OF PEACE
Prior to September 1st - \$25.00 PER CHILD – Family Cap of \$100
After September 1st - \$35 PER CHILD – Family Cap of \$140
Please do not let financial issues be a barrier to your child(ren)'s attendance at faith formation. Contact Michelle Newton at the Parish Office to discuss (777-1200)

For Office Use Only:
Amt. Paid \$____ / _____

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

PRIMARY E-MAIL ADDRESS: _____
(We do a lot of communication via e-mail, please put down an email address that you actually use and check)

| | | | |
|--|---|------------------|------------------------|
| FATHER'S FULL NAME: Mr./Dr. _____ | | | |
| | First | Middle | Last |
| Mailing Address: _____ | | | |
| Telephone: _____ | | | |
| Home | Cell | | |
| Religion: _____ | Baptized? Y / N | Confirmed? Y / N | First Communion? Y / N |
| Marital Status: S / M / D / W | If married, were you married by a priest? Y / N | | |

| | | | |
|---|---|------------------|------------------------|
| MOTHER'S FULL NAME: Ms./Mrs./Dr. _____ | | | |
| | First | Middle | Maiden |
| Mailing Address (if different): _____ | | | |
| Telephone: _____ | | | |
| Home | Cell | | |
| Religion: _____ | Baptized? Y / N | Confirmed? Y / N | First Communion? Y / N |
| Marital Status: S / M / D / W | If married, were you married by a priest? Y / N | | |

| | | | |
|---|------------------|-----------------------------------|--|
| For those in Youth Ministry or the Monday night Faith Formation : | | | |
| If I cannot be reached at the above number, please contact: | | | |
| Name: _____ | Telephone: _____ | Relationship to Child(ren): _____ | |
| Other than parents, who else is authorized to pick up your child(ren)? | | | |
| Name: _____ | Telephone: _____ | Relationship to Child(ren): _____ | |
| Name: _____ | Telephone: _____ | Relationship to Child(ren): _____ | |

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 Prince of Peace 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 Prince of Peace Parish.

Signed: _____ Date: _____
Parent/Legal Guardian

I Want to Volunteer!

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