



St. Mary, Cause of Our Joy

Faith Formation Registration 2020-2021

8200 N. Wayne Rd., Westland, MI 48150
734-425-4421

FAMILY INFORMATION

Children's primary residence is with: MOTHER FATHER BOTH

FAMILY LAST NAME: _____

Father's Name _____ **Father's Cell/Work** _____

Mother's Name _____ **Mother's Cell/Work** _____

Email Address _____

Home Address _____

Street

City

Zip Code

MOTHER CATHOLIC? Y/N

FATHER CATHOLIC? Y/N

Emergency Contact name _____ **PHONE** _____

Person(s) authorized to pick up child(ren) _____

Which Mass time does your family usually attend? 4:30pm 9:00am 11:00am

STUDENT INFORMATION

1 CHILD'S NAME _____ BIRTHDATE _____

GRADE FALL 2020 _____ GENDER M/F

HAS YOUR CHILD RECEIVED THE FOLLOWING SACRAMENTS?

BAPTISM CHURCH _____ PENANCE EUCHARIST CONFIRMATION

SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____

2 CHILD'S NAME _____ BIRTHDATE _____

GRADE FALL 2020 _____ GENDER M/F

HAS YOUR CHILD RECEIVED THE FOLLOWING SACRAMENTS?

BAPTISM CHURCH _____ PENANCE EUCHARIST CONFIRMATION

SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____

NOTE: If your child(ren) were baptized at another church, please provide a copy of the baptismal certificate(s) if we do not already have it on file.

Please let our **Director, Sabrina Queen** know of any special family or individual circumstances. Make check payable to St. Mary, Cause of Our Joy and on the memo line indicate if for tuition or sacrament fee. Please read the Handbook and **keep us informed of any changes in contact information.**

If there are any changes in insurance information, we will need an updated medical release form. New families and grade 1 families will require a new medical release form.

TUITION: HOW MANY CHILDREN ARE ATTENDING THIS YEAR? _____

| | |
|----------------------|-----------------|
| One child | \$30. |
| Two Children | \$60 |
| Three | \$90 |
| Four or more | \$100. Max. |
| OUT OF PARISH | \$125.00 |

SACRAMENT CLASS FEES GRADES 2 & 8

RECONCILIATION &

FIRST COMMUNION \$45 per child \$ _____

CONFIRMATION \$45 per child \$ _____

SACRAMENT TOTAL \$ _____

*Please note that all families will be automatically added to our FLOCKNOTE notification system. You will receive text messages from our Faith Formation department regarding important updates.

MEDIA CONSENT FORM

I hereby authorize the Faith Formation Office to use any photos taken of my child(ren) during events related to the Religious Education Program. I understand that no names will be published identifying the subject in the photos. The photos will be used only in items related to the Faith Formation Program.

Parent/Guardian Name printed & signature _____

Date signed _____

OFFICE USE ONLY

| DATE | CASH OR CHECK # | TUITION OR SACRAMENT? | RECEIVED BY: | BALANCE OWING |
|------|-----------------|-----------------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |

STUDENT INFORMATION (additional children)

3 CHILD'S NAME _____ BIRTHDATE _____
GRADE FALL 2020 _____ GENDER M/F
HAS YOUR CHILD RECEIVED THE FOLLOWING SACRAMENTS?
BAPTISM CHURCH _____ PENANCE EUCHARIST CONFIRMATION
SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____

4 CHILD'S NAME _____ BIRTHDATE _____
GRADE FALL 2020 _____ GENDER M/F
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BAPTISM CHURCH _____ PENANCE EUCHARIST CONFIRMATION
SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____

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SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____

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SPECIAL NEEDS (MEDICAL, LEARNING, PHYSICAL, ALLERGIES) _____