

# Family Faith Formation Registration Form 2024 — 2025

Our Mother of Sorrows Parish

5000 Mt. Read Blvd, Rochester, NY 14612. 585-663-5432

Student Name \_\_\_\_\_ Sex    M  
LAST FIRST

Address \_\_\_\_\_ Phone \_\_\_\_\_  
House # Street

\_\_\_\_\_NY, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
CITY/TOWN OPCODE

Age of child \_\_\_\_\_ Public School Attending \_\_\_\_\_ Grade in Fall 2023 \_\_\_\_\_

In 2022-2023 the Faith Formation (Religious Ed) program my child attended was held at \_\_\_\_\_ parish or Catholic School.

Please circle all that apply: Do you wish to enroll your child/ren in the 2023-2024 academic year? **Sunday Family Faith Formation Sessions** Yes NO

Parish your family is registered at **Holy Cross Church** OR **Our Mother of Sorrows Church**

Do any of your children need sacraments this coming year? YES NO

If so, please give their names and the sacraments they need to receive on the lines below. Please note that the Diocese of Rochester requires 2 years of faith formation program participation prior to reception of sacraments. Sacramental prep classes are held separately and you will be contacted separately for each.

Mother's Name (Or Guardian) \_\_\_\_\_

Mother's Address \_\_\_\_\_  
(If different from child's) House # STREET

\_\_\_\_\_ Religion \_\_\_\_\_  
CITY/TOWN ZIPCODE

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name (Or Guardian) \_\_\_\_\_ Religion \_\_\_\_\_

Father's Address \_\_\_\_\_  
(If different from child's) House # STREET

\_\_\_\_\_ STATE ZIPCODE  
CITY/TOWN

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Child lives with: Both parents Mother \_\_\_ Father \_\_\_ Other \_\_\_

If other, provide name, address, phone and e-mail \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anyone to whom this child cannot be released? \_\_\_\_\_

Special Situations regarding your child, that we should be aware of (Learning, Behavior, Challenges, Allergies, Medications, etc.) Circle: Yes/No. (Please attach a separate sheet if necessary. List here: \_\_\_\_\_

Does your child have any special talents or gifts that he/she might be willing to share? (eg.: musical/artistic abilities) Please list here: \_\_\_\_\_

Sacraments*	Date	Church	Location
Baptism			
Reconciliation			
Eucharist			
Confirmation			

**Registration Fee: Please make check payable to Our Mother of Sorrows (Faith Formation in memo line): \$60 for one child, \$85 for two or more children**

### Health Information

(For children attending sessions in 6<sup>th</sup> and 7<sup>th</sup> grades without parent)

Health Insurance Co. \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

### PERMISSION AND RELEASE FORM

I, the undersigned parent or guardian of \_\_\_\_\_ gives permission for participation in the activities at the parish in which the child is registered for Catholic Faith Formation. In the event of an accident or illness, I hereby grant permission to a staff member or representative to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation. I also give permission for the use of photographs of and including my child to be used in church publicity.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY Amount paid: Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_\_  
Initial \_\_\_\_\_