



St. Mary of the Isle Parish
315 East Walnut Street • Long Beach, NY 11561
516-432-0157 • Ext. 15

Msgr. Robert Brennan
Pastor
Maryann Specht, MPS
Director of Faith Formation

Faith Formation Program Registration

Today's Date _____

Household

Family Last Name _____

Street Address _____ Apt# _____

PO Box _____

City _____ Zip Code _____

Home Phone (_____) _____ Unlisted? Y N

Email _____

When sending mail, how do you want to be addressed (check one):

Mr./Mrs. Mr. Mrs. Ms. Dr./Mrs. Mr./Dr. Other _____

Are you registered at this Parish? Y N If yes, what is your Envelope Number? _____

Parents/Guardians

Relationship to Child

Relationship to Child

Name _____

Name _____

Occupation _____

Occupation _____

Hobbies _____

Hobbies _____

Bus Phone (_____) _____

Bus Phone (_____) _____

Cell Phone (_____) _____

Cell Phone (_____) _____

Religion _____

Religion _____

Marital Status _____

Marital Status _____

Maiden Name _____

Maiden Name _____

I would like to volunteer for:

I would like to volunteer for:

Comments _____

In the event of an emergency, if (I am) / (we are) unable to be reached, please contact the following:

Name _____

Relationship _____

Address _____

Telephone (_____) _____ Cell Phone (_____) _____

Comments _____

Student Information

Student Name _____ FF Grade 2010-2011 _____ Sex _____

Religion _____ School _____ Grade '10-'11 _____

Ethnic Background _____ Primary Language Spoken at Home _____

Date of Birth ____/____/____ Has this student attended St. Mary's Faith Formation Program before? Y N

Has this student been baptized? Y N If yes, Date of Baptism _____

Place of Baptism St. Mary's Other:

Health Problems _____

Other Conditions _____

Remarks _____

If this student is **Not** living with his / her birth mother and /or birth father, please complete the following:

Birth Father _____

Birth Mother _____

Address _____

Address _____

City/State _____

City/State _____

Zip _____

Zip _____

Home Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Email _____

Email _____

Religion _____

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Birth Father _____

Address _____

City/State _____

Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Religion _____

Marital Status _____

Birth Mother _____

Address _____

City/State _____

Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Email _____

Religion _____

Marital Status _____