



St. Mary of the Isle Parish

Office of Faith formation

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

2010-2011 FAITH FORMATION PROGRAM REGISTRATION RENEWAL

FAMILY LAST NAME: _____ DATE: _____
 PARENT/GUARDIAN: _____ RELATIONSHIP: _____
 ADDRESS: _____ APT # _____
 TELEPHONE#: _____ EMAIL: _____
 OCCUPATION: _____ HOBBY: _____

EMERGENCY CONTACT NAME:

RELATIONSHIP TO STUDENT: _____ **TELEPHONE#:**

PERMISSION FOR CHILD TO LEAVE

I give my child _____ permission to leave the church building and grounds after class and walk home by his/herself. I understand that by signing this consent, I will not be called for verification and my child will be released.

 Name of Parent/Guardian (Print)

 Signature

Name of Returning Child Please provide First and Last Name	Which Long Beach School does this Child attend?	Faith Formation Grade 2010- 2011	Need Baptism or First Communion?	Registration Fee*
1.				
2.				
3.				
4.				
5.				

New Family Member Joining the Faith Formation Program:

Student Name: _____ FF Grade 2010-2011 _____ Sex _____
 Religion: _____ School: _____ Grade 2010-2011 _____
 Ethnic Background: _____ Primary Language Spoken at Home: _____
 Date of Birth: ____/____/____ Has this student attended St. Mary's Religious Ed. Program before? Y N

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

Place of Baptism St. Mary's Other: _____

Health Concerns: _____

Other Conditions: _____