

## HOLY NAME OF MARY FAITH FORMATION REGISTRATION FOR 2009-2010

STUDENT'S NAME	Grade as of Sept. '09	BIRTH DATE

PLEASE PRINT:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
PARENTS' NAMES (INCLUDE LAST NAMES IF DIFFERENT)

LIST NAMES OF EACH CHILD THAT WILL NEED PREPARATION FOR ANY OF THE FOLLOWING SACRAMENTS THIS YEAR:

BAPTISM \_\_\_\_\_ EUCHARIST \_\_\_\_\_ (2nd Grade)

FIRST RECONCILIATION \_\_\_\_\_ CONFIRMATION \_\_\_\_\_  
(2nd Grade) (10 & 11 Grades)

PLEASE CHECK ANY OF THE FOLLOWING IF YOU ARE INTERESTED IN VOLUNTEERING:

TEACHER \_\_\_\_\_ WHAT GRADE? \_\_\_\_\_

AIDE TO HELP IN CLASSROOMS \_\_\_\_\_ VAC BIBLE SCHOOL \_\_\_\_\_

RESOURCE ROOM HELPER (Arrange materials, shelving books, organizing, labeling, etc.) \_\_\_\_\_

COMPUTER INPUT (Putting resource material on computer) \_\_\_\_\_

\*\*\*\*\*ALL STUDENTS REGISTERING FOR SACRAMENTAL PREPARATION\*\*\*\*\*

Must be enrolled in Holy Name of Mary Parish Faith Formation Classes prior to the year they receive the sacrament (Holy Cross students are exempt from this). All parents and students are expected to be active participants at Mass and in the parish.

PLEASE RETURN THIS FORM NO LATER THAN MAY 17, 2009 TO THE OFFICE.

FEES: \$25 PER CHILD    FAMILY MAX \$60  
PAID \_\_\_\_\_

## INFORMATION FORM

*Please fill out the information below to assist us in providing the best Faith Formation sessions we can for your children and youth. Please give as many specific suggestions as you can.*

Check any of the following areas that apply with details as needed.

\_\_\_\_\_ **Allergies**

- Food \_\_\_\_\_
- Environmental \_\_\_\_\_

\_\_\_\_\_ **Physical needs:** including motor, speech, hearing or visual, etc. Including issues due to recent injury, surgery or ongoing treatment. Are there any environmental considerations?

**Emotional needs:** (i.e. recent death or divorce in the family, fear of spiders)

**Learning needs:** Difficulties a child/youth has in attention, comprehension, writing, reading or expressing themselves at age or grade level.

**Medical needs:** (i.e. chronic illness that may affect child/youth participation and/or performance, such as epilepsy, cystic fibrosis, diabetes, asthma, etc.) Please indicate severity of condition.

- Precautions or special procedure:

**Medications** taken or side effects of medication taken that we need to be aware of?

**Emergency phone contact** of someone who is familiar with your child's needs.

Name \_\_\_\_\_ Number \_\_\_\_\_

*Communication is so important. Please speak to your child's teacher often, and provide him or her all the information you can to help make this a great time for learning the Faith.*