



Faith Formation  
Registration

**FAITH FORMATION PROGRAM REGISTRATION FORM 2024-2025**  
**FOR GRADES K through 5**

**Choose location (Please Select One):**

- Tuesday Evening 6:15 – 7:30 pm at St. Mary Parish Center, Uniontown
- Sunday Morning 10:00 – 11:30 am at Ss. Cyril and Methodius  
Annunciation Center, Fairchance
- Sunday Morning 10:30 – 11:45 am at St. Francis of Assisi Parish, Footedale

**Today's Date:** \_\_\_\_\_

**Please Print**

Family's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

**\*Home Parish:** \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell: \_\_\_\_\_

**\*Email address:** \_\_\_\_\_

**\*Please check one of the following:** \_\_\_\_\_ **new registration** \_\_\_\_\_ **returning registration**

**NAMES OF CHILDREN:**

1) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Year of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ Year of First Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_  
 Health Information: \_\_\_\_\_

2) Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ sex: M / F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Year of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ Year of First Eucharist: \_\_\_\_\_ Church: \_\_\_\_\_  
 Health Information: \_\_\_\_\_

**Emergency Information:**

While your child/children are in our care it is important for us to have the following information:

\*\*\*Who is the first person we should contact in case of emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\* List all individuals who are permitted to pick up your child/children (i.e. names of parents grandparents, neighbor, etc)

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Continued - OVER



**Registration- DUE: August 31, 2024**

**No Registration Fee for Faith Formation - Unless Registration returned after due date. See Below  
LATE REGISTRATION and FEE of \$50 - if received after August 31<sup>st</sup>.**

**Make checks payable to the Parish you are registered**