FAITH FORMATION

Registration for 2011-2012 Sessions

St. Mary, Mother of the Church 1008 Vandora Springs Road Garner, NC 27529
(919)772-5199 www.stmarygarner.org

Fees:	GGF _____
	Sac. _____
	YG _____
Total	$ _____

Return by September 1, 2011

Head of Household:_____ M or F DOB_____

Spouse:_____ M or F DOB_____

Other:_____ M or F DOB_____

List only children who will participate in class. Separate forms are available for Sacramental classes and youth group.

			Grade in Sept.	Sacraments Rec'd
Child:_____	M or F	DOB_____	_____	Bap Rec Comm
Child:_____	M or F	DOB_____	_____	Bap Rec Comm
Child:_____	M or F	DOB_____	_____	Bap Rec Comm
Child:_____	M or F	DOB_____	_____	Bap Rec Comm

Address (street, town and zip code): _____

_____

Home Phone_____ Work Phone_____ Cell Phone_____

Email(s)_____

Good participation in the assigned class fulfills the first year requirement for the First Communion Program. Confirmation requires HS participation in Youth Group.

Secondary Option: HOME CATECHESIS (Parents teach a program at home. These families typically gather the first Sunday of the month for a planned activity.) This class meets the first Sunday of the month from 5PM-6:30PM. The fee varies due to shipping costs. Check the box below to register your family for this option.

☐ **I would like to register for this secondary option. Please notify me of the fee when it is available.**

Office use: Date rec'd_____ Amount _____ Check #_____

Adult Study: In an effort to continue to open the doors of our faith to adults, we will host one fall and one spring class for those who would like to deepen their understanding of the Catholic faith.

I would like more information regarding the following class(es):

☐ October/November Class: Reconciliation

☐ February/March Class: Eucharist

Checking a box above acknowledges that you wish to be contacted regarding these sessions. Please be certain we have the best and most current contact information for you on the front side.

EMERGENCY INFORMATION:

Allergies or medical conditions? _____

Other concerns? _____

Does your child have an IEP? _____If yes, may we have a copy? (Please attach)

Emergency contact _____ Phone_____

A representative of St. Mary's has my permission to request medical attention for my child in the event that I cannot be reached.

Parent's/Guardian's Signature:_____

VOLUNTEER OPPORTUNITIES
"Serve wholeheartedly" Ep. 6:7

Every parishioner at St. Mary's should be a willing participant in the growth of their faith. Please circle the areas in which you will donate service. We welcome all who give of their time and talents.

Session leader Session assistant Special Projects/chaperone

Donut Breakfast (once a month) Adult Study Leader

ACKNOWLEDGEMENT

I have read a copy of St. Mary's "Faith Formation" handbook and I agree to abide by the policies stated therein.

Head of household initials:_____