

K-12 Faith Formation and Sacramental Preparation Registration Form 2024-2025

Church of the Assumption † 2116 Cornwall Avenue † Bellingham WA 98225

360.733.1380 (phone) † 360.733.5654 † www.whatcomcatholic.org

STUDENT INFORMATION:

CHILD #1 NAME _____ DOB _____

SCHOOL _____ GRADE _____

PARISH: Assumption _____ Sacred Heart _____

Faith Formation Program: Whole Family Catechesis Youth Ministry

Sacraments Already Received: Baptism First Holy Communion Confirmation

CHILD #2 NAME _____ DOB _____

SCHOOL _____ GRADE _____

PARISH: Assumption _____ Sacred Heart _____

Faith Formation Program: Whole Family Catechesis Youth Ministry

Sacraments Already Received: Baptism First Holy Communion Confirmation

CHILD #3 NAME _____ DOB _____

SCHOOL _____ GRADE _____

PARISH: Assumption _____ Sacred Heart _____

Faith Formation Program: Whole Family Catechesis Youth Ministry

Sacraments Already Received: Baptism First Holy Communion Confirmation

CHILD #4 NAME _____ DOB _____

SCHOOL _____ GRADE _____

PARISH: Assumption _____ Sacred Heart _____

Faith Formation Program: Whole Family Catechesis Youth Ministry

Sacraments Already Received: Baptism First Holy Communion Confirmation

CHILD #5 NAME _____ DOB _____

SCHOOL _____ GRADE _____

PARISH: Assumption _____ Sacred Heart _____

Faith Formation Program: Whole Family Catechesis Youth Ministry

Sacraments Already Received: Baptism First Holy Communion Confirmation

New Payment Structure:

Faith formation *and* Sacrament Prep program costs run about \$40 per child/per program. Please consider making a donation in this or another amount. However, if you are already giving to the parish on a weekly/monthly basis, then consider that as your donation to these programs. Thank you!

→ Please complete the reverse side requiring parent/guardian contact information. ←

PARENT/GUARDIAN INFORMATION

FATHER'S NAME: _____
LAST NAME FIRST NAME

MOTHER'S NAME: _____
LAST NAME FIRST NAME

CHILD'S PRIMARY ADDRESS: _____
STREET

CITY STATE ZIP CODE

WHO IS THE PRIMARY CONTACT FOR THE CHILD'S FAITH FORMATION?

- Both Parents Father Mother Grandparent(s) Guardian

PHONE NUMBERS: _____
HOME DAD (WORK/CELL) MOM (WORK/CELL)

EMAIL ADDRESS: _____

EMERGENCY CONTACT (other than a parent/guardian):

NAME PH. # RELATIONSHIP TO CHILD

Information about the child regarding allergies and/or special needs:

Parent Permission and Release Form:

I/We the parent(s)/guardian(s) give our permission for our child/children to attend Church of the Assumption's Whole Family Catechesis program, sacramental preparation programs, Assumption/Sacred Heart's Youth Ministry program, and any sponsored activities. We fully recognize that such undertaking involves an element of risk and assume and accept these risks and hazards, which are incidental to such participation. We hereby hold harmless and release any and all rights of claim against the Corporation of the Catholic Archbishop of Seattle, Assumption Parish, Sacred Heart Parish, its employees, volunteers, and all members and volunteers of the above-stated Faith Formation programs, for any damage or injury that our child may incur while participating in any of the Faith Formation classes or sponsored events from Sept. 1, 2024, through Aug. 31, 2025. We also grant permission for any photographs taken of our child/children during faith and sacramental programs and events to be used for publicity purposes in Parish and/or Archdiocesan materials and on the Parish and/or Archdiocesan website.

SIGNATURE DATE