

Most Precious Blood Church
22 Prospect St
Angola NY 14006
(716) 549-1818 (Faith Form. Office)
(716) 549-0420 (Rectory Office)

**REGISTRATION FORM
FAITH FORMATION
2016-17**

FOR OFFICE USE ONLY
DATE: _____
CHECK #: _____
CHECK \$: _____
CASH \$: _____

Today's Date: _____ Registered at Most Precious Blood Church? Y N ENVELOPE # _____

Registered at another Parish (Name and address): _____

FAMILY LAST NAME

PHONE

STREET ADDRESS

HOME PHONE

PO BOX FOR MAILING IF REQUIRED

E-MAIL

CITY STATE ZIP

PARENTS/ LEGAL GUARDIANS

FATHER

MOTHER

NAME: _____

NAME (FIRST & Maiden): _____

Cell Phone: _____

Cell Phone: _____

Religion: _____

Religion: _____

Other Legal Guardian Name:

Other Legal Guardian Name:

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

LOCAL EMERGENCY CONTACTS

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PHONE: _____

PHONE _____

SIGNATURE REQUIRED:

I attest that I am the legal guardian of all children listed on this form and that all information on this form is correct. I have read and signed permission form **allowing / disallowing (circle one)** the use of my child(ren)'s photo on parish websites and in other parish printed publications:

Parent/Legal Guardian Signature: _____ **Date:** _____

Registration Fees due 09/11/2016:
1 Child: \$50.00 2 Children: \$70.00 3 or more Children: \$80.00

Additional Sacramental Fees due 09/11/2016:
Reconciliation, 1st Communion, Confirmation: \$25.00

(Additional Confirmation Retreat Fee will be determined and families will be notified prior to the retreat)

Faith Formation Program Classes:
K-5: Sunday 9:00 a.m. – 10:15 a.m.
6-8: Tuesday 6:30 p.m. – 8:30 p.m.
9-12: Sunday 6:30 p.m. – 8:30 p.m.

PLEASE COMPLETE ALL STUDENT INFORMATION ON BACK

CHILD #1 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2016-17: _____ SCHOOL GRADE _____

(CIRCLE ANSWER) BAPTISM: YES NO ROMAN CATHOLIC? YES NO

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):

CHILD #2 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2016-17: _____ SCHOOL GRADE _____

(CIRCLE ANSWER) BAPTISM: YES NO ROMAN CATHOLIC? YES NO

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):

CHILD #3 NEW REGISTRATION RETURNING STUDENT

If new registration, please include updated Baptismal Certificate with this form

Baptized at Most Precious Blood – certificate on file at Parish Office

LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ MALE / FEMALE (circle one)

BIRTHDATE _____ BORN CITY/STATE _____

SCHOOL ATTENDING 2016-17: _____ SCHOOL GRADE _____

(CIRCLE ANSWER) BAPTISM: YES NO ROMAN CATHOLIC? YES NO

CHURCH NAME: _____ CITY/STATE: _____

ALREADY RECEIVED? RECONCILIATION: YES NO EUCHARIST: YES NO CONFIRMATION: YES NO

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE ALL THAT ATTENDED) K 1 2 3 4 5 6 7 8

WHERE ATTENDED: _____

ALLERGIES/MEDICAL ISSUES (attach additional sheet if necessary):
