

FAITH Formation

St Elizabeth Ann Seton Parish, Northampton, MA

Registration 2021 ~ 2022 Pre- K – Gr. 11

Please Print Clearly..... Today's Date _____ Child's Grade _____

Child's LAST Name, First, Middle Initial _____

Address _____

Date of Birth: _____ City/State of Birth _____

Church of Baptism _____ Date _____

City/State _____

Church of First Communion _____ Date _____

City/State _____

Any special needs, diet, allergies, disabilities _____

Child's School _____

Father/Guardian (Last Name, First) _____

Mother/Guardian (LAST NAME, FIRST) _____

Mother's **Maiden** Name _____

Child resides with () Both Parents () Mother () Father (Other) _____

Send Correspondence to: () Above Address (Other) _____

Parent Landline _____ Cell (txt) _____

Email: Dad/Guardian _____ Mom/Guardian _____

Please circle answer: Do we have your permission to photograph and publish on photo board at church, on parish website, or in the parish school, your child's picture when he/she is involved in Faith Formation classes / events? (Yes) (No)

CHILD PROTECTION PROGRAM - Circle of Grace. We are required by the diocese to implement this age appropriate program to all students in all grades. It includes a couple of classes spent talking about abuse prevention. More information can be made available to you. **This section must be signed by a parent/guardian.**

I PERMIT MY CHILD/ CHILDREN TO PARTICIPATE IN THIS PROGRAM. _____

I DO NOT PERMIT MY CHILD/ CHILDREN TO PARTICIPATE IN THIS PROGRAM. _____

REGISTRATION FEE is \$35 per child, multiple children maximum \$100.

*All checks made payable to: St. Elizabeth Ann Seton Parish, 87 Beacon St., Florence, MA 01062

2nd CHILD / STUDENT

67. _____

Child's LAST Name, First, Middle Initial _____

Date of Birth _____ City / State of Birth _____

Church of Baptism _____ Date _____

City / State _____

Church of 1st Communion _____ Date _____

Any special needs, diet, allergies, disabilities _____

Address if different _____

Parent Home/Cell# _____ Email _____

3rd CHILD / STUDENT

GRADE _____

Child's LAST Name, First, Middle initial _____

Date of Birth _____ City/State _____

Church of Baptism _____ Date _____

City / State _____

Church of 1st Communion _____ Date _____

City / State _____

Any special needs, diet, allergies, disabilities _____

Address if different _____

Parent Home/Cell # _____ Email _____

4th CHILD / STUDENT

GRADE _____

Child's LAST Name, First, Middle initial _____

Date of Birth _____ City/State _____

Church of Baptism _____ Date _____

City / State _____

Church of 1st Communion _____ Date _____

City / State _____

Any special needs, diet, allergies, disabilities _____

Address if different _____

Parent Home/Cell # _____ Email _____

OFFICE USE ONLY:

Registration Fee Amount: _____ Cash / If Check, Check # _____

Date received: _____