

Church of Immaculate Heart of Mary

2017 – 2018 Preschool – 8th Family Formation Registration Form

Parent/Guardian 1

Full Name: _____

Address: _____

City: _____ Zip _____

Telephone # _____ Email: _____

Religion: _____

Email is used for event updates & cancellations. If you wish to receive a text, please indicate the preferred cell phone # and service provider.

Cell #: _____ Service Provider _____

Parent/Guardian 2

Full Name: _____

Address: (if different) _____

City: _____ Zip _____

Telephone # _____ Email: _____

Religion: _____

Email is used for event updates & cancellations. If you wish to receive a text, please indicate the preferred cell phone # and service provider.

Cell #: _____ Service Provider _____

	Student Information				✓Catholic Sacraments Received				✓Program Choice	
Student Name	Grade Fall 2017	School Attending	M/ F	Date of Birth	Baptism	Penance	Commu nion	Confirm ation	K-8 Family Formation	Little Lambs 3 & 4 year olds
1.										
2.										
3.										
4.										
5.										
6.										

Sacramental Preparation: Please indicate below your child/children who are planning to receive either of the Sacraments of Baptism, First Reconciliation/Communion and/or Confirmation. **Note:** If you have child/children planning to receive the sacraments this year and who was not baptized at IHM, it is important to submit a copy of your child/children's Baptismal certificate(s) to the parish.

Student Name	Age/Grade	Date of Baptism	Church of Baptism	List the sacrament(s) your child is planning to receive this year (Ex. Baptism, First Reconciliation/Communion, Confirmation)
1.				
2.				
3.				

In case of an **EMERGENCY** and if a parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Telephone #: _____

Please indicate known allergies and any other medical problems/situations pertinent to you child/children

Student Name	Issue
1.	
2.	
3.	
4.	
5.	

I hereby give consent for my child/children listed on this form to participate in the Family Formation program and related activities at Immaculate Heart of Mary parish, Lansing. I hereby **(please v one)** grant ___/deny___ permission for my child to be photographed and/or videotaped in connection with Family Formation and parish events for such purposes as publicity, illustration, advertising, and web content.

Signature: _____

Tuition Information (Make checks payable to Immaculate Heart of Mary)

K-8 Family Formation: \$50.00 per child Total # of Children _____

Little Lambs (Ages 3 & 4): 25.00 per child Total # of Children _____

Total Amount: _____