

**Faith Formation Program for the Parishes of:  
ST. BASIL THE GREAT and MARY, MOTHER OF THE CHURCH**

**2024-2025 FAITH FORMATION REGISTRATION FORM**

<b>Student's Last Name</b>	<b>First</b>	<b>Age</b>	<b>2024-25 FF Grade</b>
----------------------------	--------------	------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cell # (primary)\_\_\_\_\_ Cell(secondary)\_\_\_\_\_ Home\_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address (primary)\_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

**Important: please check which Parish you belong to: St. Basil\_\_\_\_ MMC\_\_\_\_**

**Registration Fees: \$100.00 for first child / \$50.00 for a second child / \$200.00 Family Max.**

*Fees help cover the cost of administration, books, Bibles, postage, supplies, classroom resources, project materials, and food/refreshments for special events. Please feel free to speak with the Director of Faith Formation if the fee structure presents a financial hardship. No student is kept from classes due to an inability to pay.*

FEE ENCLOSED \$\_\_\_\_\_ Checks payable to the Parish to which you belong.

**You must Print, fill out the registration form, and then: mail to or drop off at St. Basil the Great Parish, 525 Woodtick Rd., Wolcott, CT, 06716, or place in a collection basket at Mass in either parish.**

**Parent/Guardian Signature (Required)**

**Date**

Fill out the next page **ONLY** if you are registering a child for the first time.

**To be filled out by FIRST TIME REGISTRANTS ONLY.**

Mother's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptism (parish, city, state ) \_\_\_\_\_

Communion (parish, city, state) \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptism (parish, city, state ) \_\_\_\_\_

Communion (parish, city, state) \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptism (parish, city, state ) \_\_\_\_\_

Communion (parish, city, state) \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Baptism (parish, city, state ) \_\_\_\_\_

Communion (parish, city, state) \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISM  
AND FIRST COMMUNION CERTIFICATE IF RECEIVED  
AT ANOTHER PARISH.**