

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

2024-2025 FAITH FORMATION REGISTRATION FORM

<u>Student's Last Name</u>	<u>First</u>	<u>Age</u>	<u>2024-25 FF Grade</u>
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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.**