

# St. Irene Faith Formation 2018-2019

<b>Amount Due at Registration:</b>	<b>\$50</b>	Emergency Form	
Amount Paid		Sacrament Form	
Check #		Registered	

**Family Registration**      **New** \_\_\_\_\_ **Returning** \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Email is our primary means of communication.

\_\_\_\_ YES, I would like to volunteer to support our Faith Formation Program.  
(we will contact you to discuss your gifts and talents!)

**Program Details**

**1<sup>st</sup>-6<sup>th</sup> Grade**  
Tuesdays 5:30-7:00pm

**7<sup>th</sup>-8<sup>th</sup> Grade  
& High School**  
Wednesdays 6:30-8:00pm

**Special Sacrament**  
Sundays  
following 10:00 Mass

**NEW FAMILIES: Please complete and include a copy of Baptismal Certificate (not needed if baptized at St. Irene)**

Child's First/Last name	M or F	Date of Birth	Grade in Fall	School	Baptism Date/Church	Reconciliation Date/Church	1 <sup>st</sup> Communion Date/Church

I am the parent or legal guardian of the child/ren and give permission to St. Irene to catechize: \_\_\_\_\_  
(signature)