

**Please return on or before June 1, 2019 to receive the early bird discount.**

Immaculate Heart of Mary - Office of Faith Formation  
8501 Loch Raven Blvd., Towson, MD 21286  
FAITH FORMATION STUDENT REGISTRATION FORM

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

Parent/Guardian Name(s): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address(es): (please print clearly) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you registered at Immaculate Heart of Mary Church? Yes \_\_\_\_\_ No \_\_\_\_\_

First Name (include last name if different than family name)	Date of Birth	Grade 2018/19	M/F	School	Religious Ed at another parish Y/N	If at another parish, where	Religion (if not Catholic)	Church & Date of Baptism	Church & Date of First Holy Communion	Check here if this child needs to prepare for Eucharist or Reconciliation*

\*must be in 2nd grade or older and have 1 year of faith formation or Catholic School.

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As an integral part of our faith formation curriculum, we will be teaching Catechesis for Family Life. This age-appropriate program about Christian living, chastity, character formation, and safe environment training promotes communication between you and your child. You are encouraged to review the program materials that the teacher/catechist will be using in the classroom, as well as the materials you will receive for home discussion. Please contact the Faith Formation office if you wish to review these materials. After examining the program, if you have any questions or concerns about your child participating in this program, please contact Barbara Anderson at banderson@immaculateheartofmary.com or 410-661-3820.

I give my permission for my child/ren to participate in the Catechesis for Family Life.

I do not want my child/ren to participate in the Catechesis for Family Life in the parish program. I will make arrangements with the Office of Faith Formation to provide alternative catechesis.

Parent/Guardian signature: \_\_\_\_\_

Allergies/Special Needs: Please include the name of the child with the allergy or special need.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ # students X \$85/student = total due at registration \$ \_\_\_\_\_  
 Tuition helps defray costs of resources and supplies.

***Early bird registration: Registrations received on or before June 1, 2019 will get a \$10 discount per student.***

***No student will be refused faith formation due to financial difficulties. Please contact Barbara Anderson in the Office of Faith Formation - 410-661-3820 or Fr. Mike in the parish office - 410-668-7395 to arrange payment plans or for other special considerations.***

For Office Use Only					Reason waived: _____
Date Received _____	E-Mail _____	Excel _____			
Payment Date Received _____	Amount \$ _____	Cash _____	Check No. _____	Waived by: _____	
Payment Date Received _____	Amount \$ _____	Cash _____	Check No. _____	Date waived: _____	

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