

# RESURRECTION UNIVERSITY PARISH FAITH FORMATION    2016-2017

## Grades K-5

Please Print Clearly

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's grade: \_\_\_\_\_ School: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's cell phone: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child/Children reside with (please check appropriate response): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (specify) \_\_\_\_\_

Child's cell phone: \_\_\_\_\_

### Sacraments Received:

Has child received BAPTISM?                      YES \_\_\_\_\_      NO \_\_\_\_\_

Has child received RECONCILIATION (Confession)? YES \_\_\_\_\_      NO \_\_\_\_\_

Has child received EUCHARIST (First Communion)? YES \_\_\_\_\_      NO \_\_\_\_\_

Has child received CONFIRMATION ?              YES \_\_\_\_\_      NO \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

Are you a registered member of Resurrection Parish? YES \_\_\_\_\_ NO \_\_\_\_\_ If No, Name of Church \_\_\_\_\_

**Registration Fees:** (Does not include fee for Sacramental preparation)

**Registered Members of Resurrection University Parish:**

**1 Child - \$40                      Family (3 or more) - \$90**

**Non-Registered Members:**

**1 Child - \$80                      Family ( 3 or more) - \$210**

**Sacramental Fees:**                      **First Reconciliation/First Communion** - \$40

**For children Grade 2 or above who have not received  
First Reconciliation/First Communion**



**A copy of your child's baptism certificate is *REQUIRED* for all sacramental preparation  
before December 30, 2016**



<p>_____ <i>I give permission to Resurrection Parish to use a picture of my child/children involved in Faith Formation gatherings in Parish and Diocese of Helena publications, without identifying the name of my child.</i></p>		
	_____	_____
	<i>Signature</i>	<i>Date</i>
<p>_____ <i>I DO NOT give my permission</i></p>		
	_____	_____
	<i>Signature</i>	<i>Date</i>

Office use:
Paid/Date: _____ Cash _____ Check _____ # _____

**RESURRECTION UNIVERSITY PARISH FAITH FORMATION 2016-2017**

Middle School 6-8 / High School

Please Print Clearly

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's grade: \_\_\_\_\_ School: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's cell phone: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child/Children reside with (please check appropriate response): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (specify) \_\_\_\_\_

Child's cell phone: \_\_\_\_\_

Sacraments Received:

Has child received BAPTISM? YES \_\_\_\_\_ NO \_\_\_\_\_

Has child received RECONCILIATION (Confession)? YES \_\_\_\_\_ NO \_\_\_\_\_

Has child received EUCHARIST (First Communion)? YES \_\_\_\_\_ NO \_\_\_\_\_

Has child received CONFIRMATION ? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your child is in grade 10,11 or 12 and would like to be CONFIRMED? YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

Are you a registered member of Resurrection Parish? YES \_\_\_\_\_ NO \_\_\_\_\_ If No, Name of Church \_\_\_\_\_

**Registration Fees:** (Does not include fee for Sacramental preparation)

**Registered Members of Resurrection University Parish:**

**1 Child - \$40                      Family (3 or more) - \$90**

**Non-Registered Members:**

**1 Child - \$80                      Family ( 3 or more) - \$210**

**Sacramental Fees:                      Confirmation - \$40  
**For High School Sophomores, Juniors and Seniors****



**A copy of your child's baptism certificate is *REQUIRED* for all sacramental preparation before December 30, 2016**



*Please read and sign the attached Student Conduct and release statements*

\_\_\_\_\_ *I give permission to Resurrection Parish to use a picture of my child/children involved in Faith Formation gatherings in Parish and Diocese of Helena publications, without identifying the name of my child.*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *I DO NOT give my permission*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

Office use:

Paid/Date: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_