

2017-2018 Sacramental Registration

2016-2017 Completed Attendance Required

TWO SIGNATURES REQUIRED ON BACK

Reconciliation/Eucharist	Fee: \$ 90.00
CHOICE	
Saturday 4:00 – 5:00pm	
Thursday 5:30 – 6:30pm	

Confirmation*	Fee: \$250.00
<small>* Fee includes High School Classes & Retreat</small>	

Date Registered
____/____/____

OFFICE USE ONLY	
Check Number _____	
Credit Form Completed _____	Fee _____
Amount \$ _____	Date Received ____/____/____
Checks Payable to: St. Ignatius of Loyola	
2016-2017 _____ Classes attended out of _____	

Please print or type all information. Child(ren) reside with: circle one or both parents

Mother/ Last Name	Mother/ Guardian's 1 st Name	Cell Number	Work Number	Preferred Email					
Father/ Last Name	Father/ Guardian's 1 st Name	Cell Number	Work Number	Preferred Email					
Child/ren's Resident Address		City, State	Zip	Home Number					
Child(ren)'s First Name(s) (Use <u>Last</u> only if different from Family Name)	Gender M/F	Birthdate M/DD/YYYY	Grade 2017-18	Session Time and Day	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	Name of Public or Parochial School Attending 2017-2018	Check Sacraments Already Received		
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>

COPY OF CHILD'S BAPTISMAL CERTIFICATE ATTACHED _____ OR BAPTIZED AT ST. IGNATIUS _____

EMERGENCY CONTACT INFORMATION

Name	Relationship
Phone Number	Cell Number

CONFIRMATION CANDIDATES ONLY – Shirt Size _____ ADULT (S – M – L – XL – XXL)

I would like to be a Catechist/Aide for School Year 2017 – 2018

Name	Grade	Session Day/Time	STAND Trained
Full Name	Grade	Session Day/Time	STAND Trained

FAMILY STATUS: Please Circle One: **Two-Parent Family** **Single-Parent Family** **Blended Family**

CUSTODIAL ORDER: COPY OF ORDER TO BE ATTACHED _____ DATE OF ORDER _____

Please indicate any special needs or learning differences your child has: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) **Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the office in writing.** Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Date: _____ **Print Name:** _____
PRINT, SIGN AND DELIVER TO THE FAITH FORMATION OFFICES

Confidentially, please do not hesitate to contact Carol Smith (301) 695-8845 x 210 if financial assistance is needed.

By registering my child(ren) in the Faith Formation Sacramental Program, I understand that:

- Children enrolling in our 2017-2018 sacramental classes must have completed the full 2016-2017 year of catechesis.
- My family must be registered at St. Ignatius of Loyola.
- Completed registration forms will be processed in the order in which they are received.
- Children may attend only the class and session to which they have been assigned.
- Classes begin promptly at the designated time and attendance is required for the entire length of class in order to be credited with attendance.
- Children must be picked up inside Building C at dismissal time. Children are not allowed to leave Building C without an adult.

Date: _____ **Print Name:** _____
PRINT, SIGN AND DELIVER TO THE FAITH FORMATION OFFICES