2018-2019 Sacramental Registration

2017-2018 Completed Attendance Required

Peconciliation / Fucharist

TWO SIGNATURES REQUIRED ON BACK

BAPTISMAL CERTIFICATE MUST BE PROVIDED BY OCTOBER 1 ^s
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BAPTIZED ST. IGNATIUS_____

OFFICE USE ONLY

Reconciliation/ Eucharist Fee. \$ 90.00						Check Number				
CHOICE	Thursday Saturday	5:30 - 6:30pm 4:00 - 5:00pm	Data Bagistared		Credit Form Comp	leted	Fee			
				Date Registered		Amount \$	Date Receive	d	//	
Confirmation* Fee: \$250.00 * Fee includes High School Classes & Retreat					Checks Payable to: St. Ignatius of Loyola					
ree iliciaues nigii school classes & Retreat						2017-2018 _	Classes attende	d out o	f	
Ple	ase print or	type all inforn	nation. Ch	ild(ren) ı	reside v	with: circle one or	both parents			
Mother/ Last Name	Mother /Guardian's 1 st Name		Cell Number		V	Vork Number	Preferred Email			
Father/Last Name	Father/Guar	Father/Guardian's 1 st Name		Cell Number		Vork Number	Preferred Email			
Child/ren's Resident Address			City, State	City, State Zip		Zip	Home Number			
Child(ren)'s First Name(s) (Use <u>Last</u> only if different Gender Birth		Birthdate	Grade	Session Time		Special Needs	Name of Public or Parochial	Check Sacraments Already Received		
from Family Name)	M/F	M/DD/YYYY	2018-19	and Day		od Allergies, IEP, ng Difficulties, etc.)	School Attending 2018-2019	Вар	Rec	Euc
								Вар	Rec	Euc
								Вар	Rec	Euc
EMERGENCY CONTACT	INFORMATI	ON other than	parent (P	arents w	ill be c	ontacted first.)			1	
Name		-			elations					
Phone Number				Ce	ell Numb	ber				

I would like to	be a Catechis	t/Aide for Schoo	ol Year 2018 - 2019			
Name		Grade	Session Day/Time	STAND Trained		
Full Name	Grade		Session Day/Time	STAND Trained		
FAMILY STATUS: Plea	ase Circle One:	Two-Parent Family	Single-Parent Family	Blended Family		
CUSTODIAL ORDER:	COPY OF ORDER TO	D BE ATTACHED		DATE OF ORDER		
Please indicate any spec	cial needs or learning	differences your child h	as:			
from time to time by the D specific written consent.)	ivision of Youth and Yo <mark>Parents/guardians who</mark>	oung Adult Ministry or the Ar do not wish their child(ren)	chdiocese of Baltimore. (Participants to be photographed or filmed should	tions, websites or other materials produced would not be identified, however, without so notify the office in writing. Please note t in which your child(ren) participate(s).		
Date:		Print Name: PRINT, S	IGN AND DELIVER TO THE FAITH	FORMATION OFFICES		
Confidentially, please do no	ot hesitate to contact (Carol Smith (301) 695-8845	x 210 if financial assistance is needed	l.		
By registering my c	hild(ren) in the F	aith Formation Sacra	amental Program, I underst	and that:		
My family must beCompleted registraChildren may atterClasses begin prom	registered at St. Ignat ution forms will be proc nd only the class and se aptly at the designated	ius of Loyola. essed in the order in which t ession to which they have be time and attendance is requ		rder to be credited with attendance.		
Date:		Print Name:PRIN	T, SIGN AND DELIVER TO THE FAI	TH FORMATION OFFICES		

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