2018-2019 Completed Attendance Required

TWO SIGNATURES REQUIRED ON BACK

BAPTISMAL CERTIFICATE <u>MUST</u> BE PROVIDED BY OCTOBER 1ST BAPTIZED ST. IGNATIUS

| Reconciliation/Eucharist | Fee: \$ 90.00 | | OFFICE USE ONLY Check Number | | | |
|--|--------------------------------|-----------------|--|--|--|--|
| CHOICE Thursday Saturday | 5:30 – 6:30pm 4:00 – 5:00pm | Date Registered | Credit Form Completed Fee Amount \$ Date Received / / | | | |
| Confirmation * | Fee: \$250.00 | // | Checks Payable to: St. Ignatius of Loyola | | | |
| * Fee includes High School Classes & Retreat | | | 2018-2019 Classes attended out of | | | |

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

| Mother/ Last Name | Mother/Gua | rdian's 1 st Name Cell Number | | er | | Work Number | Preferred Email | | | |
|--|-------------|---|-----------------|------------|---------------|--|--------------------------------------|-----|-----|-----|
| Father/Last Name | Father/Guar | ather/Guardian's 1 st Name Cell Number | | er | 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 differen | | Grade | Session Time | | Special Needs | Name of Public or Parochial | Check Sacraments Already Received | | | |
| from Family Name) | M/F | M/DD/YYYY | 2019-20 | and Day | | Food Allergies, IEP, ding Difficulties, etc.) | School Attending 2019-2020 | Вар | Rec | Euc |
| | | | | | | | | Bap | Rec | Euc |
| | | | | | | | | Вар | Rec | Euc |
| EMERGENCY CONTACT I | NFORMATI | ON other than | parent (P | arents w | vill be | contacted first.) | | | | |
| Name | | | | Re | elatio | nship | | | | |
| Phone Number | | | | Ce | Cell Number | | | | | |

I would like to be a Catechist/Aide for School Year 2019 – 2020

| Name | Grade | Session Day/Time | VIRTUS Trained | | | |
|---|------------------------|----------------------|----------------|--|--|--|
| Full Name | Grade | Session Day/Time | Date Completed | | | |
| FAMILY STATUS: Please Circle | One: Two-Parent Family | Single-Parent Family | Blended Family | | | |
| CUSTODIAL ORDER: COPY OF C | DRDER 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 2019-2020 sacramental classes must have completed the full 2018-2019 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.

Print Name: