

The Catholic Community of Sacred Heart, St. Alphonsus, and St. Ann



2025/2026 FAITH FORMATION REGISTRATION FORM

The K-6 Faith Formation program will begin at Sacred Heart at **10am** on **Sunday, September 21, 2025**.

BAPTISMAL CERTIFICATES: New registrants must submit a Baptismal Certificate to the Faith Formation Office.

TUITION PER CHILD: First Penance/First Communion \$50; Confirmation Year 1/Year 2 \$50; all other grades are \$40. Please submit a check (payable to SACRED HEART CHURCH) or cash payment with this form.

We cannot process credit/debit cards.



Parish Information

- Are you registered in this parish? ☐ Sacred Heart ☐ St. Alphonsus ☐ St. Ann
- If not, name of home parish: _____



Parent/Guardian Information

Parent/Guardian 1

- Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email: _____

Parent/Guardian 2

- Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email: _____



Family Address

- Street Address: _____
- City: _____ State: _____ Zip Code: _____



Medical and Emergency Information

- Emergency Contact Name: _____
- Emergency Contact Phone: _____
- Relationship to Child/ren: _____



PHOTO & MEDIA RELEASE

I give permission for my child(ren)'s image to appear in parish publications (bulletins, website, social media, etc.):

- ☐ Yes
☐ No



PARENT/GUARDIAN SIGNATURE

I certify that the information provided is accurate and I agree to support my child(ren)'s participation in the Faith Formation Program.

Signature: _____

Date: _____



CHILDREN'S INFORMATION



Child 1

- Full Name: _____
- Date of Birth: _____ Gender: ☐ M ☐ F
- School: _____ Grade (Fall): _____
- Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
- Special Needs/Allergies/Medical Conditions: _____



Child 2

- Full Name: _____
- Date of Birth: _____ Gender: ☐ M ☐ F
- School: _____ Grade (Fall): _____
- Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
- Special Needs/Allergies/Medical Conditions: _____



Child 3

- Full Name: _____
- Date of Birth: _____ Gender: ☐ M ☐ F
- School: _____ Grade (Fall): _____
- Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation
- Special Needs/Allergies/Medical Conditions: _____



VOLUNTEER OPPORTUNITIES (check any you're interested in)

- ☐ Catechist (Teacher) ☐ Catechist Assistant
☐ Substitute Catechist ☐ Hall Monitor
☐ Other: _____

Interested Volunteer Name: _____

Preferred Role(s): _____

☐ I have completed parish Safe Environment training



PAYMENT INFORMATION

Program Fees:

- | | | | | |
|---------------------------------|--------------------------|-----------|-------------|----------|
| • First Penance/First Communion | <input type="checkbox"/> | (#) _____ | @ \$50.00 = | \$ _____ |
| • Confirmation Year 1 / Year 2 | <input type="checkbox"/> | (#) _____ | @ \$50.00 = | \$ _____ |
| • All Other Grades | <input type="checkbox"/> | (#) _____ | @ \$40.00 = | \$ _____ |
| | | | Total Due: | \$ _____ |

Payment Method:

☐ Cash ☐ Check # _____

Please submit registration forms and direct all questions to
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