

2024-2025 Rel. Ed, and Sacramental Formation Registration Nativity of Our Lord Parish, Duryea

Families should be registered each year to keep our census up to date with where students are enrolled. If your family is not registered in our parish you must complete a full Parish Census Form before participating in any faith formation. Call the office for information on new parishioner registration

PLEASE FILL OUT ONE FORM FOR EACH STUDENT YOU ARE REGISTERING – the Online version makes that easier.

Registering for 2024-25 Religious Ed. Class Grade: ___K ___1 __2 ___3 ___4 ___5 ___6 7 8 Or enrolled in a Catholic School and Registering for: Sacramental Formation Only::: ____ First Penance and Communion (2) _____Confirmation (8) STUDENT INFORMATION **PLEASE PRINT CLEARLY...** We will use the name, as it appears below for all printed materials. (MIDDLE) Student's Name: Date of Birth ____/___ Born in: City/State: _____ Circle one: Male / Female Name of School Attending: _____ Current Age: ____ Current Grade: ____ Student Resides with: Father, Mother, Both, Other (Guardian) My child participated in Faith Formation last year. ____ Yes Attended Grade ____ No, did not attend last year. PARENT/GUARDIAN INFORMATION - UPDATES Mother's Name: _____ ____ (LAST) (FIRST) Mother's Address: ___ (#. Street or Apt.) (City, State, Zip) Mother's (E-MAIL ADDRESS) (CELL PHONE) (HOME PHONE) Father's Name: ______ (FIRST) (LAST) Father's Address: ____ (#, Street or Apt.) (City, State, Zip) Father's (CELL PHONE) (E-MAIL ADDRESS) If Student resides with other/Guardian please provide mailing and contact information: Guardian's Name: _____ Relationship to student: (LAST) Guardian's Address: _____ (#. Street or Apt.) (City, State, Zip) Guardian's

(CELL PHONE)

(HOME PHONE)

(E-MAIL ADDRESS)

	COMMUNICATION CONTACTS						
Primary Contact Parent/Guardian Name:PRIMARY EMAIL:			(Cell #			
	IN CA	SE OF EMERGE	NCY:				
Name of Family Doctor:Doctor's Office Phone:							
or medical conditi	ions:						
SACRAMENTAL	PREPARATION	INFORMATION	N – NEW REG	SISTRATIONS (ONLY		
E WHICH SACRAN	MENTS YOUR CHIL	LD HAS RECEIVI	ED, WHERE A	AND WHEN:			
Church:		City/State:		Date:	_//	_	
Church:		City/State:		Date:		-	
Church:		City/State:		Date:	_//	_	
024-25 Sacramen	ital Prep:						
			ng to receive a s be submitted by 11:00am)	If this is a new registration, and your child was not baptized here at Nativity of Our Lord, please attach a copy of your child's			
FAITH	I FORMATION FE	E and SACRAM	LLE ENTAL PROG	·	mai certificate.		
(Paid by October 1, 2 to defray the cost of a gatherings throughou four Parish, \$10.00 ra a-Catholic school stud	2024)materials used in the ut the year. equested for adminisdents attending CCD	faith formation strative costs on weekends)	*Registering	\$ 40.00 First (\$ 35.00 Secon *Third s Siblings in Grad	nd Child* Child, Fourth, e es,,		
				Sacramental Pre	paration Progra	ams. If these	
gnature:				Date:			
dent requests the Sacra	ament(s) of: Rec	onciliation, E	ucharist,	Confirmation			
Is the registration form complete? yes or no	Baptized here? HR, SHJ or SJ yes or no	Baptismal Cert. Received if not here? yes or no	Total Amount Due	Amount Paid	Balance	Check # or Cash	
	Church: Church	IN CA Doctor: or medical conditions: SACRAMENTAL PREPARATION E WHICH SACRAMENTS YOUR CHIL Church: Church: Church: Church: Church: Grade 2 (Receiving April 22, 2025 FAITH FORMATION FE (Paid by October 1, 2024)	IN CASE OF EMERGE Doctor:Doctor's Of or medical conditions: SACRAMENTAL PREPARATION INFORMATION EWHICH SACRAMENTS YOUR CHILD HAS RECEIVE Church:City/State: Church:City/State: Church:City/State: D24-25 Sacramental Prep: Sacramental Candidates are required to attend at least two years a two year preparation with regular attendance. Students preparal all certificate from the church of baptismand the certificate must be incompleted and the certificate from the church of baptismand the certificate must be incompleted and the certificate from the church of baptismand the certificate must be incompleted and sacrament of the control of the certificate from the church of baptism	IN CASE OF EMERGENCY: Doctor:	IN CASE OF EMERGENCY: Doctor:	IN CASE OF EMERGENCY: Doctor's Office Phone: Draw medical conditions: SACRAMENTAL PREPARATION INFORMATION – NEW REGISTRATIONS ONLY EWHICH SACRAMENTS YOUR CHILD HAS RECEIVED, WHERE AND WHEN: Church: City/State: Date:	