REGISTRATION FOR FAITH FORMATION

**2021 – 2022 School Year**

 **Kindergarten to Eighth Grade**

*(****Please Check*** *the parish where you are registered. Please PRINT and COMPLETE all information.)*

[ ]  **\*\*ST. ANTHONY SHRINE *and*** [ ]  **\*\*OUR LADY OF MT. CARMEL**

Family Name: Home Phone:

**Family Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 (Street) (City) (State) (Zip code)

 **Name Religion Work Phone**

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Maiden Name)

Married \_\_\_\_\_\_\_\_\_\_ Single Parent \_\_\_\_\_\_\_\_\_\_ Separated \_\_\_\_\_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_\_\_\_

**NEW FAMILIES**: If you are **new**, please write the name of the parish and grade where your child/ children previously attended Religious Ed Sessions**.**

**PARISH**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**GRADE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  Child’s Name  |   |  |  |
|  Age |  |  |  |
|  **Grade in Sept. 2020** |  |  |  |
|  School Attending |  |  |  |
|  Date of Birth |  |  |  |
|  Baptism Date |  |  |  |
|  Baptism Place (Church/Town/State) |  |  |  |

**SACRAMENTS**: \***Please put a check mark if your child needs any of the following sacraments** **this year:**

Reconciliation [ ]  [ ]  [ ]

1st Eucharist [ ]  [ ]  [ ]

Confirmation [ ]  [ ]  [ ]

**SPECIAL NEEDS**: (circle if relevant)

Physical, emotional, educational problems, e.g., hearing, vision, speech, learning disability, reading deficiency,

allergy, special medication, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY LIFE PROGRAM**: (IMPORTANT: please check one of the choices below)

To support the Church’s belief in family education, we offer Loyola Press’ Growing with God Family Life to all students. This program is required for both Religious Education and our Catholic School Programs. The focus of the program is to assure that our children are being properly educated with the Catechesis of Human Sexuality based on the Church’s teachings. It is also a part of our ongoing effort to help create and maintain a safe environment for children and protect all children from sexual abuse, in the context of Catholic moral teaching about family life and healthy sexuality. If you determine that your child/children should or should not participate in the program, please make a check mark next to your choice.

\_\_\_\_\_ Our Lady of Mt. Carmel/St. Anthony Shrine **has my permission** to present the Catechesis for Human Sexuality, including Child Protection Education to my child/children.

\_\_\_\_\_\_Our Lady of Mt. Carmel/St. Anthony Shrine **does not have my permission** to present the Catechesis for Human Sexuality, including Child Protection Education to my child/children.

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**TUITION RATE - $75.00 PER FAMILY**

 **CONFIRMATION STUDENTS - $40.00**

**Tuition covers the following**: Mother Seton School use, Children’s Textbooks and Catechist’s Guides and all other materials. If you are unable to pay the tuition, **KNOW** that no child will be turned away. **Please** contact the Religious Ed Office at **301 271 4099** if there is a need for assistance for tuition coverage.

Complete **ALL** information and make checks payable to the parish where **you** are **registered**.

Put the Registration Form and Payment in an envelope. These may be returned to St. Anthony Shrine Office,

Dropped in the collection basket or Mailed to the following address.

**Our Lady of Mt. Carmel**

 **Saint Anthony Shrine**

 **Religious Ed Office**

 **16150 St. Anthony Road**

 **Emmitsburg, MD 21727**

Office only: Tuition Information

Date: \_\_\_\_\_\_\_\_\_\_\_ Am’t rec’d \_\_\_\_\_\_\_\_\_\_\_\_ Am’t waived\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_

Cash \_\_\_\_\_\_\_\_\_ Authorized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_