

2020-2021 Sacramental Registration

2019-2020 Completed Attendance Required

TWO SIGNATURES REQUIRED ON BACK

BAPTISMAL CERTIFICATE MUST BE PROVIDED BY NOVEMBER 1ST

BAPTIZED ST. IGNATIUS _____

Reconciliation/Eucharist Fee: \$ 100.00

CHOICE Thursday 5:30 – 6:30pm
Saturday 4:00 – 5:00pm

Confirmation* Fee: \$250.00

* Fee includes High School Classes & Retreat

Date Registered

____/____/____

OFFICE USE ONLY

Check Number _____

Credit Form Completed _____ Fee _____

Amount \$ _____ Date Received ____/____/____

Checks Payable to: St. Ignatius of Loyola

2019-2020 _____ **Classes attended out of** _____

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

Mother/ Last Name		Mother/Guardian's 1st Name		Cell Number	Work Number	Preferred Email			
Father/ Last Name		Father/Guardian's 1st Name		Cell Number	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 different from Family Name)	Gender M/F	Birthdate M/DD/YYYY	Grade 2020-21	Session Time and Day	Special Needs (Food Allergies, IEP, Reading Difficulties, etc.)	Name of Public or Parochial School Attending 2020-2021	Check Sacraments Already Received		
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>
							<i>Bap</i>	<i>Rec</i>	<i>Euc</i>

EMERGENCY CONTACT INFORMATION other than parent (Parents will be contacted first.)

Name		Relationship	
Phone Number		Cell Number	

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

I would like to be a Catechist/Aide for School Year 2020 – 2021

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 ORDER 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 2020-2021 sacramental classes must have completed the full 2019-2020 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.

Date: _____ **Print Name:** _____

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