

MARY MOTHER OF MANKIND CHURCH

25 4th Street, North Providence, RI 02911 Phone 401-231-3542

Faith Formation Registration Form

PLEASE *PRINT* CLEARLY AND FILL IN ALL REQUESTED INFORMATION

STUDENT'S FULL NAME:

FULL LAST FIRST MIDDLE IN

PRESENT AGE: _____ GENDER: M__ F__ BIRTHDATE: ____/____/____ Home Phone # _____

M /D/YEAR

Street City State Zip Code

CHECK THE LEVEL YOU WISH TO ENROLL YOUR CHILD:

*To enroll your child in the First Communion Program, he/she must have completed Grade1 (Pre-Communion). Also, attach to this completed form, a copy of your child's Baptismal Certificate. If your child is not baptized, please see our Pastor, Rev. TJ Varghese.

(Circle the grade below)

Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8 Grade 9 Grade 10

**To enroll your child in the Confirmation Program, he/she must have completed Pre-Confirmation. Also, attached to this completed form, a copy of your child's Baptismal and First Communion Certificate. If your child has not received one or both sacraments, please see Fr. TJ Varghese

Family Data: (PLACE A ✓ IN THE BOXES BELOW IF THE INFORMATION IS THE SAME AS THE STUDENT'S ABOVE.)

Mother's Name/Legal Guardian (Mrs., Ms., Miss)

Father's Name/Legal Guardian Title (Mr.)

Street _____

City, St., Zip _____

Home Phone# _____

Cell Phone# _____

E-Mail _____

Maiden Name _____

If applicant is not living with both parents, to whom and at what address should mail be sent. (No P.O. BOXES)

___MOTHER ___FATHER

ADDRESS:

NUMBER AND STREET
ZIP CODE

CITY

STATE

Location & Times of Classes ~ all classes will take place in the parish Hall

- Levels 1-6 will meet Sundays from 9:00AM to 10:00AM.
- Levels 7-10 will meet Sundays from 11:30pm SHARP – 12:30PM.
- Students in the Religious Education Program are required to attend Mass weekly.
- If a student attends another church, he/she needs to bring a signed bulletin to his/her next class.

Registration Fees ~ The registration fee for the 2024-2025 school year is \$40.00 per student, not to exceed \$75.00 per family. Please make checks payable to Mary Mother of Mankind Church and attach it to this completed form(s). This fee is for the purchase of books and materials needed in educating your child. If you are unable to meet this fee because of genuine hardship, please talk to Fr. TJ Varghese. This will not be a barrier to enrolling your child in religious education.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU, WHOM SHOULD WE CONTACT?

NAME _____

RELATION TO STUDENT _____ Cell _____

Please list all the adults (including parents) authorized to pick up your child. Your child will not be released to any other adult who is not listed below:

Emergency Name#1 _____

Relationship _____

Phone # _____

Cell# _____

Emergency Name#2 _____

Relationship _____

Phone # _____

Cell# _____

Emergency Name#3 _____

Relationship _____

Phone # _____

Cell# _____

STUDENT MEDICAL INFORMATION Allergies _____

Physical Disabilities: _____

Learning Disabilities: _____

~ Photo Image Consent Form ~

I, the undersigned, do hereby give permission or not to Mary Mother of Mankind Parish and the Religious Education Program to use, publish, display, and/or reproduce any video/recorded voice/digital media, photographs of my son/daughter in promotional materials for Mary Mother of Mankind Parish and the Religious Education Program. (Please circle one)

I/we **DO give permission** for _____ or **DO NOT give permission** for _____

Child's full name

Child's full name

to use an image/photograph/video clip/voice as described above. We are willing to release this into the public domain for promotional purposes and understand that no monetary compensation will be given for its use.

Parent/Guardian _____

Parent/Guardian _____

Print Name

Signature

Date _____

Special Note: All students participating in the Religious Education Program must provide a copy of the certificates of the sacraments they have received thus far if you have not yet done so.

FOR OFFICE USE ONLY

BAPTISMAL RECORD YES () NO () DATE _____

1st PENANCE YES () NO () DATE _____ 1st COMMUNION RECORD YES () NO () DATE _____

REGISTRATION FEE YES () NO () FEES W/ _____ / _____

AMOUNT PAID _____ CK. # _____ CASH _____

RECD. BY _____

DATE _____

To receive a copy of the registration form stop by the Rectory Monday-Thursday from 9am-1pm