Brighton Catholic Faith Formation and Sacramental Preparation Registration Form 2021-2022

PLEASE PRINT

Family Last Name	: Address						State: <u>NY</u> Zip			Parish	Parish	
Primary Contac	t Informa	tion – will l	be used for I	Faith Forma	<mark>tion Comm</mark>	unication	and for calls in	ı an emergency			method of contact: -mailPhone	
Primary Phone:	Primary E-Mail:											
Mother's Name:	ther's Name: Mother's Maiden Name:						Phone: E-Mail:					
Father's Name: _		Phone:										
	Faith Formation & Youth N					Ministry		al Preparations*				
Child's first name & last if different	Date of Birth	Name of School & Grade they will be in Fall	Church of your child's Baptism	Gr. K-5 \$40	Gr. 6-7 \$40	Gr. 8-9 \$40	Gr. 10-12 \$40	First Reconciliation \$25		Confirmation Year 1- \$25	Confirmation Year 2- \$25	

• Sacramental preparation should be done at the parish of registry or with Pastor's permission may take place at another parish.

Please Note: The Brighton Faith Formation and Sacramental Preparation Programs are coordinated by Jennifer Abdalla, Director of Faith Formation, for the two Brighton clusters consisting of four parishes: Our Lady of Lourdes and St. Anne, Our Lady Queen of Peace and St. Thomas More. Check the *Faith Formation Guidebook and Calendar* or go online for the location and schedule of classes and activities for each program.

Registration Form can be handed in at any of the Brighton parishes or register online at: OLQPSTM.com and click on Faith Formation Registrations or at ourladyoflourdesstanne.org and click on Ministries/Faith Formation.

Contact Information - Director of Faith Formation: Jennifer Abdalla – Phone: 244-3010 ext 104 or email: Jennifer.abdalla@dor.org
Our Lady Queen of Peace, 601 Edgewood Ave. Rochester, NY 14618 (585) 244-3010, St. Thomas More, 1267 East Ave. Rochester, NY 14610 (585) 328-3400
Our Lady of Lourdes and St. Anne Cluster office, 150 Varinna Dr. Rochester, NY 14618

Brighton Catholic Faith Formation – Registration Continued

baptized at one of the Brighton Parishes, then check one: _	e first time in any of our programs, p Our Lady Queen of Peace,		-	
 Faith Formation/Youth Ministry: \$40 per student Sacramental Preparation: \$25 for First Reconciliat Vacation Bible Camp: \$25 per child entering K-5 (r ADDITIONAL RESOURCES – Would you like a Children's or Yould you like a Bibles? Children's Grades 2-5 SPECIAL NEEDS/MEDICATION - Does your child(ren) have an 	Queen of Peace or Our Lady of Lourn If fees are a financial hardship, plo ion, First Eucharist, Confirmation Ye no fees for helpers entering 6-12) Youth Catechism?Children Breakthrough Grades 6-8	des. Donations can also bease let us know. ar 1, Confirmation Year i YouCAT [add \$14] Youth Grades9-12 [add	oe made on line v 2 d \$23 soft cover,	vith online registration. \$30 hardcover]
Family Physician: Emergency Contact if parent cannot be reached? Name:				
Is there anyone to whom your child may not be released?	Name/Relation			
Is there anyone to whom your child may not be released? In signing this health form, I hereby certify that the owned vehicles for medical and other emergency illness. In case of medical emergency I understand reached, I hereby give permission to the physician	e above information is correct purposes only, and for the rele that every effort will be made	and give permission ease of medical reco e to contact parent o	for my child t rds to an atter	o be transported in privately adding physician in case of
In signing this health form, I hereby certify that the owned vehicles for medical and other emergency illness. In case of medical emergency I understand	e above information is correct purposes only, and for the rele that every effort will be made to secure treatment for my cl	and give permission ease of medical reco e to contact parent o nild named herein.	for my child t rds to an atter r guardian. In	o be transported in privately ading physician in case of the event that I cannot be
In signing this health form, I hereby certify that the owned vehicles for medical and other emergency illness. In case of medical emergency I understand reached, I hereby give permission to the physician	e above information is correct purposes only, and for the relet that every effort will be made to secure treatment for my clPhone #photos and/or videos without id	and give permission ease of medical reco e to contact parent o nild named herein. entifying names in our	for my child to describe to an atternation of the contract of	o be transported in privately adding physician in case of the event that I cannot be