



Sacred Heart Catholic Community

Family Faith Formation Form

50 Mohican Street Lake George, NY 12845 (518) 668-2046

Please print clearly

Family Member Information:

Last Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Parent: _____ (Maiden Name, if applicable)

Parent: _____ (Maiden Name, if applicable)

Child Name: _____ DOB: _____ Grade: _____

Baptismal Information:

Date: _____ Church: _____ City: _____

First Eucharist Information:

Date: _____ Church: _____ City: _____

Child Name: _____ DOB: _____ Grade: _____

Baptismal Information:

Date: _____ Church: _____ City: _____

First Eucharist Information:

Date: _____ Church: _____ City: _____

Child Name: _____ DOB: _____ Grade: _____

Baptismal Information:

Date: _____ Church: _____ City: _____

First Eucharist Information:

Date: _____ Church: _____ City: _____

Emergency Contact Information:

Name and Relationship: _____

Phone: _____ Cell Phone: _____

Family Physician Name: _____

Phone: _____

Please note any medical conditions (including allergies) we need to be aware of:

Our Family Faith Formation Program fee is \$75* per family. This Family Faith Formation Program fee provides our families with:

- Text books
- Pamphlets
- Bibles
- Creative materials & supplies
- Snacks

\$75 Fee paid on: _____ **Check #:** _____ **Cash:** _____
(Payable to Sacred Heart)

Family Faith Formation Agreement

In registering as a family for Faith Formation at Sacred Heart Parish, I/we agree to participate in the adult portions of the program. Failure to do so will constitute my/our decision not to have our child/children or our family continue to be in the faith formation program.

Signature (s) of parent (s) or guardian (s)

Date: _____