

# St. Mary Parish Religious Education and Confirmation Registration 2016 – 2017

4001 St. Mary's Drive  
Anacortes, WA 98221

(360) 293-2101 Ext. 104  
fform@stmaryanacortes.org

## Fee Schedule

### Religious Education/First Communion:

Grades K-8 textbooks \$ 10.00

First Holy Communion: Additional

Fee to offset cost of reception \$ 50.00

### Confirmation Year Two

Grades 9-12

Registration, retreats and reception \$150.00

\*The next year one Confirmation Program will begin in the fall 2017

### Make checks payable to St. Mary Parish

Include your family name on the memo line of your check

**Checks and registrations will be accepted in person, by mail, or dropped into the collection basket at any Mass.**

Payment arrangements may be made through the Faith Formation Office.

**Registration closes Sunday October 2, 2016**

**Classes Start October 23, 2016**

**First Communion preparation begins in grade two and requires a one year commitment  
Confirmation is a two year program for high school aged children beginning every other year**

Name of Child	Birthdate	Grade Child Will Attend	Health Issues
<b>Parent or Guardian Name &amp; Address:</b>		<b>Parent Name &amp; Address: (Second household if different)</b>	
<b>Email:</b>	<b>Email:</b>		
<b>Phone:</b>	<b>Phone:</b>		
<b>Cell Phone:</b>	<b>Cell phone:</b>		

<b>Please notify us of any change in your family since your initial registration (address, phone, etc.)</b>

### FIRST HOLY COMMUNION PREPARATION

Child's Full Name	Date of Birth	Place of Birth	Age/Grade	Date of Baptism	Place of Baptism

### SECOND YEAR CONFIRMATION PREPARATION

Child's Full Name	Date of Birth	Place of Birth	Age/Grade	Date of Baptism	Place of Baptism

\*The next Year One Confirmation Program will begin in the fall 2017

**COPIES OF BAPTISMAL CERTIFICATES MUST BE INCLUDED WITH REGISTRATION FOR SACRAMENTS OF FIRST COMMUNION AND CONFIRMATION.**

Medical Emergency Permission

I give permission for my child or children to receive emergency treatment while attending Religious Education if I cannot be contacted.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

#### Photo Permission:

There may be an occasion where photographs are taken of the children, classes, and activities during the Religious Education program. Photographs may be posted in the church facility, on the church website, or in church publications. Please indicate your preference below by signing one of the statements:

I give permission to have photos taken of my child(ren) during Religious Education time:

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I do not wish to have my child(ren) photographed at any time

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only:

Amount Paid: \$ \_\_\_\_\_

Copies of Baptismal Certificates in files: Yes \_\_\_ No \_\_\_

Date Paid: \_\_\_\_\_

Payment Plan: \_\_\_\_\_

Check No. \_\_\_\_\_

Scholarship: \_\_\_\_\_