

Date \_\_\_\_\_ Family Last Name \_\_\_\_\_ Parish Envelope # \_\_\_\_\_



# Family Faith Formation Application 2024-2025

Monthly Family Faith Formation gatherings are held a Monday from 6:00-7:00 pm. Schedule will be provided.  
Attendance at Sunday Mass and Monday Family Faith Formation night sessions are required.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Phone \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Child(ren) reside(s) with  Both Parents  Joint Custody  Mother only  Father only  Grandparent

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Child's Name

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M / F

Grade in School 2024-25 \_\_\_\_\_

Last Year of Religious Education \_\_\_\_\_

Parish \_\_\_\_\_

### Sacraments child has received:

Catholic Baptism Yes / No

Parish of Baptism \_\_\_\_\_

First Reconciliation Yes / No

First Communion Yes / No

Confirmation Yes / No

Health or learning concerns \_\_\_\_\_

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\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M / F

Grade in School 2024-25 \_\_\_\_\_

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Health or learning concerns \_\_\_\_\_

Please provide a summary of you family's practice of the faith, including your mass attendance and family prayer life.

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**Are you interested in volunteering?**

Please let us know! 😊

Name \_\_\_\_\_ Phone \_\_\_\_\_

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Family Faith Formation Catechist (Kinder- 8 <sup>th</sup> ) | Grade Preference _____ |
| <input type="checkbox"/> Pre-Kindergarten Sunday School (3-5 years old)              | 8:30 am      10:30 am  |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Initial and Sign**

\_\_\_\_\_ I grant St. Thomas More Parish permission to use photographs, videos, or other digital media of my child(ren), \_\_\_\_\_, in any of its publications.

\_\_\_\_\_ I understand as the parent or guardian, it is my responsibility to be the primary catechist in the spiritual formation of my child(ren).

\_\_\_\_\_ **I understand enrollment in the Family Faith Formation session is dependent on Mass attendance and use of parish envelopes.**

\_\_\_\_\_ I understand that this form will be reviewed, and I will be contacted when the review process is complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Family Faith Formation Program Payment information**

The cost for Family Faith Formation is \$50 per family, which includes the first child  
Each additional child is \$25.

You will be contacted with more information after the application has been reviewed.  
All payments will be accepted at the first meeting in September.  
Payments will not be accepted prior to first meeting.

Administration Use Only

Payment Amt. \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

Receipt # \_\_\_\_\_