



St. Mary of Assumption Parish

Faith Formation – Religious Education Registration Form

2025 - 2026

119 Broad Street, Waterford, NY 12188 518-237-3131 <https://stmaryswaterford.org>

Director of Faith Formation: *Mrs. Lee Hamilton* 518-237-3131 Ext. 23

Family Last Name: _____

Mailing Address: _____

Home/Cell Phone: _____ Email Address: _____

What Parish are you registered with?: _____

Parent(s)/Guardian(s)

Father's Information

Mother's Information

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Religion: _____ Religion: _____

Marital Status: Married____Single____Divorced____Widowed____

Emergency Information- Please list someone other than a parent/guardian

In the event of an emergency, if we are unable to contact parent/guardian, who is to be contacted?

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FEES & CONSENT

Tuition for 2025 - 2026 is: \$60.00 for one child/ \$40.00 for each additional child.

PLEASE NOTE: Payment is due with registration. Thank you.

Please include: PERMISSION & RELEASE FORM. I understand that the Parishes, Parish Employees and the Roman Catholic Diocese of Albany are not liable for accidents or injuries which may occur on school or Church property.

PARENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: Date Rec'd _____ Enrolled: _____ Payment: _____ (Check _____ Cash _____)

STUDENT(S) INFORMATION

CHILD'S NAME: _____ GRADE IN 2025 – 2026 _____ SCHOOL _____

Male ___ Female ___ DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

ALLERGIES/MEDICATIONS/COMMENTS : _____

SACRAMENTAL INFORMATION:

Please note that we are required to maintain copies of baptismal certificates on file. If your son/daughter was not baptized at either parish, please attach a copy of their baptismal certificate.

	<u>DATE</u>	<u>PARISH</u>	<u>CITY & STATE</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____

CHILD'S NAME: _____ GRADE IN 2025 – 2026 _____ SCHOOL _____

Male ___ Female ___ DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

ALLERGIES/MEDICATIONS/COMMENTS : _____

	<u>DATE</u>	<u>PARISH</u>	<u>CITY & STATE</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____

CHILD'S NAME: _____ GRADE IN 2025 – 2026 _____ SCHOOL _____

Male ___ Female ___ DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

ALLERGIES/MEDICATIONS/COMMENTS : _____

	<u>DATE</u>	<u>PARISH</u>	<u>CITY & STATE</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
1 st Eucharist	_____	_____	_____
