



St. Mary of the Assumption Parish

Faith Formation Registration Form

2026-2027

119 Broad Street, Waterford, NY 12188

Director of Faith Formation: **Mrs. LeeAnn Hamilton** (518) 237-3131 ext. 23

Family Last Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Parent(s) / Guardian(s) Information

Father

Mother

Name: _____ Name: _____

Phone: _____ Phone: _____

Religion: _____ Religion: _____

Marital Status: Married: _____ Single: _____ Divorced: _____ Widowed: _____

Emergency Contact Information

Please list someone other than a parent/guardian

Name: _____

Relationship to child: _____ Phone: _____

Fees and Consent

Tuition for 2026-2027 is: \$65 for one child and \$45 for each additional child

PLEASE NOTE: Payment is due with this form at the time of registration

My signature below indicates I understand that the Parish, Parish Employees and the Roman Catholic Diocese of Albany are not liable for accidents or injuries which may occur on school or Church property. I also understand that my child's image may be used by St. Mary of the Assumption Church to promote our Parish Ministry through such means as the Church Bulletin, Website and Social Media.

PARENT SIGNATURE: _____ **DATE:** _____

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

STUDENT INFORMATION

1st Child's Name: _____ Male: _____ Female: _____

Date of Birth: _____ City/State of Birth: _____

School: _____ Grade for 2026-2027: _____

Allergies/Medications/Comments: _____

Baptism Date: _____ Parish: _____

Reconciliation Date: _____ Parish: _____

Communion Date: _____ Parish: _____

2nd Child's Name: _____ Male: _____ Female: _____

Date of Birth: _____ City/State of Birth: _____

School: _____ Grade for 2026-2027: _____

Allergies/Medications/Comments: _____

Baptism Date: _____ Parish: _____

Reconciliation Date: _____ Parish: _____

Communion Date: _____ Parish: _____

3rd Child's Name: _____ Male: _____ Female: _____

Date of Birth: _____ City/State of Birth: _____

School: _____ Grade for 2026-2027: _____

Allergies/Medications/Comments: _____

Baptism Date: _____ Parish: _____

Reconciliation Date: _____ Parish: _____

Communion Date: _____ Parish: _____

PLEASE NOTE: We are required to maintain copies of Baptism Certificates on file. If your son/daughter was not baptized at St. Mary's, please attach a copy of their Baptism Certificate.