

ST FRANCIS DE SALES FAMILY FAITH FORMATION REGISTRATION FORM 2025-2026

_____ Family Household Name	_____ Mailing Address	_____ City, State, Zip	Office Use Date Received: _____ <input type="checkbox"/> Paid In Full at Registration <input type="checkbox"/> Give Central
_____ Main Email Contact	_____ Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Landline	_____ Emergency Contact & # <input type="checkbox"/> Cell <input type="checkbox"/> Landline	
_____ Father's Full Name	_____ Address (resides in another home)		
_____ Mother's Full Name (Married & Maiden)	_____ Address (resides in another home)		

HOUSEHOLD INFORMATION FOR REGISTRATION

Family Member Name	Date of Birth	Gender		If School Age School Attending	If School Age Grade in the Fall	Sacramental Needs		
		Male	Female			Baptism	1 st Eucharist & 1 st Reconciliation	Confirmation
1.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Families meet in person on the 2nd & 4th Sunday of the Month at 10:30am (Sept-May)

Fees are on the other side of the form.

LAST DAY FOR REGISTRATION & PAYMENT IS SEPTEMBER 1, 2025

FAITH FORMATION FEES (One-Time Family Fee)

Families with One Child
\$80

OR

Families with Two or more Children
\$135

\$ _____

SACRAMENTAL PREPARATION FEES (Per Person)

First Eucharist/First Reconciliation
\$100

Preparing for Sacrament
X _____

\$ _____

Confirmation (Retreat Fee)
\$75

Preparing for Sacrament
X _____

\$ _____

Total Fee Due: \$ _____

Payment

You are not considered registered until payment in full is received. Questions or concerns for registration, contact the office at (410) 676-5119 for an appointment. To register and pay online, scan the QR code below:

Register in GiveCentral



or type/click on link <https://www.givecentral.org/SFdSFaith25-26>

LIABILITY WAIVER PHOTO RELEASE AGREEMENT

I, being the parent or legal guardian of the student(s) listed on this form, hereby allow my child(ren) to participate upon my own initiative and application, and I assume all risks of his or her participation in the faith formation program. In consideration of his or her participation in said program, I hereby release The Pastorate of Prince of Peace, Edgewood and St. Francis de Sales, Abingdon, and the Archbishop of Baltimore, a corporation sole, its Board Officers, employees, and volunteers from any claims of liability arising from any accident or injury to my child(ren) occurring during or as a result of my child's participation in the Faith Formation Program.

PHOTOGRAPHY/VIDEOGRAPHY WAIVER

I give permission for my child(ren) to be photographed or videotaped which I understand can be used for promotion and publicity purposes for the church.

I DO NOT give permission for my child(ren) to be photographed or videotaped.

I have read and comprehended the photography/video waiver, the liability waiver agreement, and the payment choices. I agree by signing this. I am also aware that there may be a delay in my child(ren)'s class enrollment if I do not sign this agreement.

Parent/Legal Guardian Signature

Date