



\_\_\_\_\_ Payment Rcvd  
\_\_\_\_\_ Check #  
\_\_\_\_\_ Rcvd by:  
\_\_\_\_\_ Entered PDS  
Office

Check which program you wish to attend:

- [All Saints Parish](#): Grades 1-4 Saturday 9:00-10:30, Grades 5-Yr 2 Confirmation Wednesday 6:00-8:00
- [St Brendan on the Lake](#): Grades K-Year 2 Confirmation Sunday 9:00-10:00
- [Immaculate Conception](#): Grades K- Year 2 Confirmation Sunday 10:30-11:45
- [St. John the Baptist](#): Grades 1- Year 2 Confirmation Sunday 9:00-10:20
- [St. John the Baptist Intergenerational Program](#): 1st Sunday of the month from 11:30-2:00 followed by 3 at home faith formation sessions each month

Family LAST Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Current Parish:

- All Saints-Lockport
- Immaculate Conception-Ransomville
- St. Brendan on the Lake-Newfane/Wilson
- St. John the Baptist-Lockport

Parent/Guardian Information #1:

Full Name: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Can we text you: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to be a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally

Parent/Guardian Information #2:

Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Can we text you: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to be a volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally

EMERGENCY CONTACT: (NOT someone already listed above)

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child/Children: \_\_\_\_\_

Child/Children Information:

Child Name	Gender M/F	Date of Birth	Academic Grade	Sacraments Received	Date and parish of Baptism	Allergies, Special Needs, Health Concerns etc.

Please review and check the following if you agree:

- I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, social networking or other promotional materials produced from time to time by the parish.
  
- I give permission for my child to attend the Protecting God's Children discussion offered during class time. I understand that it is my right and responsibility as a parent, under guidelines of the Catholic Church, to do any such instruction myself.

Your registration is not complete until payment is received. Please submit this form and a check made out to the parish whose program you are attending. In the event of financial hardship, please speak with the Faith Formation Coordinator.

Fee rates are as follows:

- \$40 per child
- Additional \$30 per child for First Reconciliation, First Communion, Year 2 of Confirmation

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Signature

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Date