

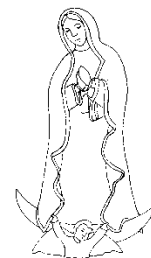
# Office of Faith Formation and Youth Ministry

## Registration Form

Blessed Sacrament Parish

### The Shrine of Our Lady of the Americas

Entrance: 273 Central Avenue Albany, NY 12206 Mailing Address: 274 Sherman Street Albany, NY 12206  
Telephone: (518) 465-3685 Ext.11 (Bilingual) E-mail: [ale.ourladyoftheamericas@gmail.com](mailto:ale.ourladyoftheamericas@gmail.com)



We are registered parishioners at: Shrine Church of Our Lady of the Americas, ( ) Blessed Sacrament ( ), another parish: \_\_\_\_\_

#### Family Information

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Parent/Guardian Information Family Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Status: \_\_\_ Married \_\_\_ Single \_\_\_ Separated Status: \_\_\_ Married \_\_\_ Single \_\_\_ Separated

**If there is a different address or phone number from information above, please list below:**

#### Student Information

1. Student's Name: \_\_\_\_\_ Sex: Male ( ) Female ( )

School Attending: \_\_\_\_\_ Grade for 2015-2016: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City State

Date of Baptism: \_\_\_\_\_ Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street Address City State/Zip

Date of First Communion: \_\_\_\_\_ Church Name: \_\_\_\_\_

Does your child have any food allergies, medical conditions and/or special educational needs or learning disabilities that we should be aware of? ( ) No ( ) Yes if yes, please specify below: \_\_\_\_\_

2. Student's Name: \_\_\_\_\_ Sex: Male ( ) Female ( )

School Attending: \_\_\_\_\_ Grade for 2015-2016: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City State

Date of Baptism: \_\_\_\_\_ Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street Address City State/Zip

Date of First Communion: \_\_\_\_\_ Church Name: \_\_\_\_\_

Does your child have any food allergies, medical conditions and/or special educational needs or learning disabilities that we should be aware of? ( ) No ( ) Yes if yes, please specify below: \_\_\_\_\_

3. Student's Name: \_\_\_\_\_ Sex: Male ( ) Female ( )

School Attending: \_\_\_\_\_ Grade for 2015-2016: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City State

Date of Baptism: \_\_\_\_\_ Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street Address City State/Zip

Date of First Communion: \_\_\_\_\_ Church Name: \_\_\_\_\_

Does your child have any food allergies, medical conditions and/or special educational needs or learning disabilities that we should be aware of? ( ) No ( ) Yes if yes, please specify below: \_\_\_\_\_

**(Please note: If your child is new in our program or preparing to receive First Communion or Confirmation please include a copy of their baptismal certificate, if you have not already done so. This needs to accompany this form.)**

### Emergency Contact Information

In case of an emergency, please contact: (if possible, please list one person not listed above)

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Phone number(s) to reach contact: \_\_\_\_\_

### Parent/Guardian Consent Form – Photo/Video Release (Please check one)

( ) **I grant** my permission for my child to be photographed during 2015-2016 Faith Formation classes, liturgies, activities and events. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the Faith Formation Program, including the parish and diocesan websites, parish bulletin boards and newsletter, news releases for community newspapers, the Evangelist, etc.

( ) **I do not** grant permission for my child to be photographed.

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
Date

**Please note classes will be determined by the availability of catechists and class size. Classes that are too large or small may be changed, according to our discretion.**

Session	Day	Time	Select
Pre-K	Sunday at the Shrine	10:30 –11:45 AM	
Initial Formation	Sunday at the Shrine	10:30 –11:45 AM	
First Communion	Sunday at the Shrine	10:30 –11:45 AM	
Elementary Faith Formation	Sunday at the Shrine	10:30 –11:45 AM	
Junior High	Sunday at the Shrine	10:30 –11:45 AM	
Alternative	Independent Study – Except for First Communion and Confirmation	HOME	
Confirmation Class	Friday Youth will choose liturgical in-service opportunities options Parent Orientation meeting in October	7:00 – 8:30 PM <b>NEW TIME!!</b> <b>(Meet twice per month)</b>	

**For office use only:** Date rec'd: \_\_\_\_\_ Bapt. Cert. received/on file for all children? \_\_\_\_\_  
Fee rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ In PDS: \_\_\_\_\_