

FAITH FORMATION REGISTRATION 2018/2019

GRADES K-9

St. Mary's Church, Crescent
 Office of Faith Formation and Youth Ministry
 86 Church Hill Road, Waterford, NY 12188
 Phone: (518) 371-9521 Fax: (518) 371-6633 E-mail: smcsecff@nycap.rr.com

Family Last Name _____ Mother _____ Father _____

Mother's Maiden Name _____ E-mail(s): _____

Address: _____ City: _____ NY Zip: _____

HOME Ph. _____ Mom's CELL Ph. _____ Dad's CELL Ph. _____

Emergency Contact Name _____ Phone Number _____

Child's Name(s)	Birth Date	Date/Church of Baptism	Grade Sept. 2018
	M/F		
	M/F		
	M/F		
	M/F		

REGISTRATION: Please check box to indicate the weekly session (by grade level) your child will attend.

Grade K-5
Weekly Sessions

Sunday
9:00 - 10:15am

Tuesday
4:30 - 5:45pm

Grade 6-7-8-9
Weekly Sessions

Tuesday
6:30 - 8:00pm

Wednesday
6:30 - 8:00pm

MyParish App

In order to be more connected with the Faith Formation office for updates and info, we are asking **ALL families** to download **MyParish App – St. Mary's Crescent**. When cancelling classes is necessary, the announcement will be made through the MyParish App, along with local TV stations.

To download, Text "app" to 88202



2018-2019 HEALTH NEEDS FORM - Grades K-9

St. Mary's Church, Crescent

Office of Faith Formation and Youth Ministry

86 Church Hill Road, Waterford, NY 12188

Phone: (518) 371-9521 Fax: (518) 371-6633 E-mail: smcseff@nycap.rr.com

Child's Name: _____

Date of Birth: _____(M / F) Grade (Sept. 2018): _____

Allergies

Has **no** known allergies

Has food allergies

Has environmental allergies

Please describe allergy and reaction in the box below

If your child has anaphylactic allergies, you MUST attach an action plan

Physical Disabilities

Has **no** physical disabilities

Needs special accommodations

Regularly requires use of an aide

Please elaborate on the disability and any need for special accommodations in the box below

Neurological and/or Behavioral Disabilities

Has **no** neurological or developmental disability

Has a learning disability

Has a neurological or developmental disability

Has a behavioral disability

Please elaborate on the disability in the box below

If your child has a physical, neurological, or behavioral disability, that requires an IEP in school, please share this information with us so that we can best suit your child's needs in our Faith Formation Program. We can follow up with a meeting to see what adjustments can be made for your child to have their most successful year in Faith Formation.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____