Interparish Family Faith Formation Registration Form 2026-2027

Family parish:

___ Pax Christi ___ Holy Family ___ St. Agnes ___ St. Stephen Martyr Other_____

Mother's Name: _____ Cell:_____

Email: _____ Primary Contact: _____

Father's Name: _____ Cell:_____

Email: _____ Primary Contact: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Child 1: Name: _____ **Grade:** _____ **Date of Birth:** _____

Allergies/medical conditions, other: _____

Sacraments received: ____ Baptism ____ Reconciliation ____ Communion ___Confirmation

Child 2: Name: _____ **Grade:** _____ **Date of Birth:** _____

Allergies/medical conditions, other: _____

Sacraments received: ____ Baptism ____ Reconciliation ____ Communion ___Confirmation

I am willing to volunteer to:

___ Assist catechist ___ Help with events, activities, service projects

Media Release Interparish Family Faith Formation seeks permission to take and use photos of your child/ren for use in the church bulletin or classroom from September 2026 – May 2027. Please indicate your choice:

_____ I grant permission _____ I do not grant permission

Parent signature _____ Date _____

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IFFF Annual Fee *Office use only*

$40 per family + $10 per child Amt Pd: _____ Ck /cash: _____ Date: _____