



Lifelong Faith Formation 2020-2021

Maureen Myers
Dir. of Faith Formation
716-512-8176
FaithFormation@
BlessedSacramentBuffalo.org
moey17@aol.com

2020-2021 TUITION

\$35: 1 Child
\$60: 2 Children
\$75: 3 or more Children
TUITION DUE: Jan. 1, 2021

SACRAMENT PROGRAM FEES:

Reconciliation: \$35 per Child
Eucharist: \$35 per Child
Confirmation: \$50 per Youth
SACRAMENT FEES DUE: Jan. 1, 2021

Parish Rectory
1035 Delaware Ave.
Buffalo, NY 14209
716-884-0053
Office@Blessed
SacramentBuffalo.org

FAMILIES IN FAITH REGISTRATION FORM

Please PRINT all information CLEARLY

Family Name _____ Check one: Renewal New

Father's Name _____ Mother's Name _____

Religion _____ Religion _____

Address _____ Address _____
(if different)

Phone (H) _____ (C) _____ Phone (H) _____ (C) _____

Email _____ Email _____

Address all correspondence to: *(check one)* Mr. and Mrs. Mr. *(only)* Mrs. *(only)* Ms. *(only)*
Are you a registered member of Blessed Sacrament Parish? Yes No
Did you attend Faith Formation classes at Blessed Sacrament last year? Yes No

Please enclose a copy of your child's Baptismal Certificate if not baptized at Blessed Sacrament.

Child 1 *(full name):* _____

Name of School and Grade your child will be attending in September 2020:
School: _____ Grade _____

Baptism:
Parish: _____
City: _____ Date _____

Reconciliation:
Parish: _____
City: _____ Date _____

Confirmation:
Parish: _____
City: _____ Date _____

Emergency Contact (other than parent)
Name _____
Phone: _____
Relation to child: _____

Special Information:
Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism
 Reconciliation Eucharist Confirmation

Child 2 *(full name):* _____

Name of School and Grade your child will be attending in September 2020:
School: _____ Grade _____

Baptism:
Parish: _____
City: _____ Date _____

Reconciliation:
Parish: _____
City: _____ Date _____

Confirmation:
Parish: _____
City: _____ Date _____

Emergency Contact (other than parent)
Name _____
Phone: _____
Relation to child: _____

Special Information:
Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism
 Reconciliation Eucharist Confirmation

Child 3 (full name): _____

Name of School and Grade your child will be attending in September 2020:

School: _____ Grade _____

Baptism:

Parish: _____

City: _____ Date _____

Reconciliation:

Parish: _____

City: _____ Date _____

Confirmation:

Parish: _____

City: _____ Date _____

Emergency Contact (other than parent)

Name _____

Phone: _____

Relation to child: _____

Special Information:

Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism

Reconciliation Eucharist Confirmation

Child 4 (full name): _____

Name of School and Grade your child will be attending in September 2020:

School: _____ Grade _____

Baptism:

Parish: _____

City: _____ Date _____

Reconciliation:

Parish: _____

City: _____ Date _____

Confirmation:

Parish: _____

City: _____ Date _____

Emergency Contact (other than parent)

Name _____

Phone: _____

Relation to child: _____

Special Information:

Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism

Reconciliation Eucharist Confirmation

Child 5 (full name): _____

Name of School and Grade your child will be attending in September 2020:

School: _____ Grade _____

Baptism:

Parish: _____

City: _____ Date _____

Reconciliation:

Parish: _____

City: _____ Date _____

Confirmation:

Parish: _____

City: _____ Date _____

Emergency Contact (other than parent)

Name _____

Phone: _____

Relation to child: _____

Special Information::

Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism

Reconciliation Eucharist Confirmation

Child 6 (full name): _____

Name of School and Grade your child will be attending in September 2020:

School: _____ Grade _____

Baptism:

Parish: _____

City: _____ Date _____

Reconciliation:

Parish: _____

City: _____ Date _____

Confirmation:

Parish: _____

City: _____ Date _____

Emergency Contact (other than parent)

Name _____

Phone: _____

Relation to child: _____

Special Information:

Please inform us of any medical or learning problem that may bear on the student's learning or behavior (ex. Allergies, reading problems, ADD, DHA). This will be kept confidential. Thank you.

Sacraments Needed: Baptism

Reconciliation Eucharist Confirmation