



Family Faith Formation

St. Mary's Parish • 527 W. Jackson Street • Bloomington, IL 61701

2024-2025 Registration Form

Please register by August 31, 2024

Program Fee: Registered Parishioners: 1 student = \$75.00, 2 or more = \$100.00 (same family).

Non-parishioners: 1 student = \$150.00, 2 or more = \$200.00 (same family).

A \$25 late fee applies after for all registrations received on or after September 1, 2024

Family Information *(One form per family)*

Last Name of family: _____ Today's date: ____/____/____

Mailing Address: _____

City, State: _____ Zip Code: _____

Phones: home: (____) _____ Mom cell: (____) _____ Dad cell: (____) _____

Cell phone provider: _____

Parent's e-mail: _____ OTHER e-mail: _____

Parish: St. Mary's, Bloomington –Yes ___ Envelope # _____

No ___ – Please name: _____

Please Note: If you are a registered member at another Parish, you MUST obtain a letter of permission from the Parish in which you are registered to attend Religious Education at St. Mary's Church.

Parent/Guardian Information

Father's Name: _____ Birth date: ____/____/____

Marital Status: _____ Ethnicity: _____ Language _____

Religion: _____ Occupation: _____

Are you a volunteer in the Parish, and if so, where? _____

Mother's Name: _____ Birth date: ____/____/____

Marital Status: _____ Ethnicity: _____ Language _____

Religion: _____ Occupation: _____

Are you a volunteer in the Parish, and if so, where? _____

Emergency Contact Information *(not the student's parents)*

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip Code: _____

Phones: home: (____) _____ Cell: (____) _____ Work: (____) _____

Comments: _____

**AUTHORIZATION FOR EMERGENCY
MEDICAL TREATMENT**

This information will be kept in parish files. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to proper medical authorities and parents notified. I understand that in case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of said emergency, at a time when I or my emergency contact cannot be notified, I grant full power to the parish to 1) arrange transportation to a proper facility where medical treatment would be administered, and 2) sign releases as may be required in order to obtain any treatment as is required in judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for one year.

_____Parent/Guardian Initials

LIABILITY WAIVER

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I understand the risks this activity may present to my child, including, but not limited to, a serious personal injury or death.

In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

_____Parent/Guardian Initials

PUBLICITY WAIVER

Parish St. Mary's Church City Bloomington, IL

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria and Parish the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

My signature below indicates that I have read and agreed to abide by the above policies.

_____Parent/Guardian Initials

Print Name of Parent/Guardian

Date

Student #1 Information – New ___ or Returning ___ - Please check

Last Name: _____ First Name: _____

Birth date: ___/___/___ and City, State: _____

Gender: Male ___ or Female ___ Religion: _____ Language: _____

School: _____ Grade in School: _____

Last attended religion classes at: _____ Year: _____

Sacraments Needed: Baptism ___ First Reconciliation ___ First Communion ___ Confirmation ___

Sacramental Fees: First Communion: \$10 banner kit Confirmation: \$15 Robe Fee, \$40 Retreat Fee

One year of Faith Formation is required before beginning preparation for the Sacraments of Reconciliation, First Communion and Confirmation.

Student Medical and Emergency Information

Physician _____ Phone (____) _____

List any medical conditions of the student (asthma, epilepsy, etc.) _____

List any allergies or allergic reactions of the student to medications _____

List any medications the student is presently taking _____

Other pertinent medical information _____

Insurance Company _____ Plan No. _____ Employee ID _____

NEW Students Only – Please complete this section on Sacraments Received

Sacramental Information

Father: _____ Mother: _____

We will need a copy of the student's Baptismal Certificate if he/she was NOT baptized at St. Mary's, Bloomington.

Baptism

Church Name: _____ Date: _____

City, State, Zip Code: _____

First Communion

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Student #2 Information– New or Returning - Please check

Last Name: _____ First Name: _____

Birth date: ___/___/___ and City, State: _____

Gender: Male _____ or Female _____ Religion: _____ Language: _____

School: _____ Grade in School: _____

Last attended religion classes at: _____ Year: _____

Sacraments Needed: Baptism First Reconciliation First Communion Confirmation

Sacramental Fees: First Communion: \$10 banner kit Confirmation: \$15 Robe Fee, \$40 Retreat Fee

One year of Faith Formation is required before beginning preparation for the Sacraments of Reconciliation, First Communion and Confirmation.

Student Medical and Emergency Information

Physician _____ Phone (____) _____

List any medical conditions of the student (asthma, epilepsy, etc.) _____

List any allergies or allergic reactions of the student to medications _____

List any medications the student is presently taking _____

Other pertinent medical information _____

Insurance Company _____ Plan No. _____ Employee ID _____

NEW Students Only – Please complete this section on Sacraments Received

Sacramental Information

Father: _____ Mother: _____

We will need a copy of the student's Baptismal Certificate if he/she was NOT baptized at St. Mary's, Bloomington.

Baptism

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

First Communion

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Student #3 Information– New or Returning - Please check

Last Name: _____ First Name: _____

Birth date: ___/___/___ and City, State: _____

Gender: Male _____ or Female _____ Religion: _____ Language: _____

School: _____ Grade in School: _____

Last attended religion classes at: _____ Year: _____

Sacraments Needed: Baptism First Reconciliation First Communion Confirmation

Sacramental Fees: First Communion: \$10 banner kit Confirmation: \$15 Robe Fee, \$40 Retreat Fee

One year of Faith Formation is required before beginning preparation for the Sacraments of Reconciliation, First Communion and Confirmation.

Student Medical and Emergency Information

Physician _____ Phone (____) _____

List any medical conditions of the student (asthma, epilepsy, etc.) _____

List any allergies or allergic reactions of the student to medications _____

List any medications the student is presently taking _____

Other pertinent medical information _____

Insurance Company _____ Plan No. _____ Employee ID _____

NEW Students Only – Please complete this section on Sacraments Received

Sacramental Information

Father: _____ Mother: _____

We will need a copy of the student's Baptismal Certificate if he/she was NOT baptized at St. Mary's, Bloomington.

Baptism

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

First Communion

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Student #4 Information– New or Returning - Please check

Last Name: _____ First Name: _____

Birth date: ___/___/___ and City, State: _____

Gender: Male _____ or Female _____ Religion: _____ Language: _____

School: _____ Grade in School: _____

Last attended religion classes at: _____ Year: _____

Sacraments Needed: Baptism First Reconciliation First Communion Confirmation

Sacramental Fees: First Communion: \$10 banner kit Confirmation: \$15 Robe Fee, \$40 Retreat Fee

One year of Faith Formation is required before beginning preparation for the Sacraments of Reconciliation, First Communion and Confirmation.

Student Medical and Emergency Information

Physician _____ Phone (____) _____

List any medical conditions of the student (asthma, epilepsy, etc.) _____

List any allergies or allergic reactions of the student to medications _____

List any medications the student is presently taking _____

Other pertinent medical information _____

Insurance Company _____ Plan No. _____ Employee ID _____

NEW Students Only – Please complete this section on Sacraments Received

Sacramental Information

Father: _____ Mother: _____

We will need a copy of the student's Baptismal Certificate if he/she was NOT baptized at St. Mary's, Bloomington.

Baptism

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

First Communion

Church Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____