



2025-26 Faith Formation Registration Form

Holy Cross + Mother of Sorrows + St. Charles Borromeo + St. Lawrence

Please fill out this form completely and return it to the parish office where you are registered.

Parish Membership

At which parish are you currently registered?

☐ Holy Cross

☐ Mother of Sorrows

☐ St. Charles Borromeo

☐ St. Lawrence

If you do not belong to one of the parishes above, what is your parish? _____

Program Registration

For which program are you registering your children?

☐ **Family Faith Formation** – Held at Mother of Sorrows and St. Charles Borromeo. We meet twice a month, alternating locations by month. Classes at Mother of Sorrows are 9:45 to 10:45 am and classes at St. Charles are 9:30 to 10:30 am.

☐ **Home Study Faith Formation** – Completed workbook must be submitted to your parish office in May 2026 for review.

Important: Sacramental preparation for First Penance/First Holy Communion and Confirmation are separate programs with their own registration forms and program fees. The diocese requires one year of faith formation prior to the reception of these sacraments. Please contact the Faith Formation Office if you have any questions.

Parent / Guardian Information

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name: _____

Mother's Religion: _____

Are mother or father interested in volunteering as a catechist? 50% off tuition is offered for families who volunteer!

Check if you would like to volunteer: ☐ Yes, both parents ☐ Yes, mother ☐ Yes, father

Primary Contact Phone Number: _____

Primary Contact E-Mail Address: _____

Secondary Contact Phone Number: _____

Secondary Contact E-Mail Address: _____

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____

Mailing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Children reside with (circle one): BOTH PARENTS MOTHER FATHER OTHER (specify) _____

Children Information (please include only those enrolling in Family Faith Formation for grades 1-7)

Child #1

Child Full Name: _____

Gender: ☐ MALE ☐ FEMALE Birth Date – Month: _____ Day: _____ Year: _____

Grade ('25-'26): _____ Place of Birth (City and State): _____

Sacraments already received (check all that apply): ☐ Baptism ☐ First Penance ☐ First Communion ☐ Confirmation

Where and when was the child baptized? Write the name of the church, city and state, as well as the date of Baptism:

Where does the child attend school or will be attending? _____

Did the child participate in our Faith Formation program last year? ☐ YES ☐ NO

If you answered NO above, where did they receive Formation last year? _____

If there are any special needs, medical issues, or allergies, please detail them here:

Child #2

Child Full Name: _____

Gender: ☐ MALE ☐ FEMALE Birth Date – Month: _____ Day: _____ Year: _____

Grade ('25-'26): _____ Place of Birth (City and State): _____

Sacraments already received (check all that apply): ☐ Baptism ☐ First Penance ☐ First Communion ☐ Confirmation

Where and when was the child baptized? Write the name of the church, city and state, as well as the date of Baptism:

Where does the child attend school or will be attending? _____

Did the child participate in our Faith Formation program last year? ☐ YES ☐ NO

If you answered NO above, where did they receive Formation last year? _____

If there are any special needs, medical issues, or allergies, please detail them here:

Child #3

Child Full Name: _____

Gender: ☐ MALE ☐ FEMALE Birth Date – Month: _____ Day: _____ Year: _____

Grade ('25-'26): _____ Place of Birth (City and State): _____

Sacraments already received (check all that apply): ☐ Baptism ☐ First Penance ☐ First Communion ☐ Confirmation

Where and when was the child baptized? Write the name of the church, city and state, as well as the date of Baptism:

Where does the child attend school or will be attending? _____

Did the child participate in our Faith Formation program last year? ☐ YES ☐ NO

If you answered NO above, where did they receive Formation last year? _____

If there are any special needs, medical issues, or allergies, please detail them here:

Child #4

Child Full Name: _____

Gender: ☐ MALE ☐ FEMALE Birth Date – Month: _____ Day: _____ Year: _____

Grade ('25-'26): _____ Place of Birth (City and State): _____

Sacraments already received (check all that apply): ☐ Baptism ☐ First Penance ☐ First Communion ☐ Confirmation

Where and when was the child baptized? Write the name of the church, city and state, as well as the date of Baptism:

Where does the child attend school or will be attending? _____

Did the child participate in our Faith Formation program last year? ☐ YES ☐ NO

If you answered NO above, where did they receive Formation last year? _____

If there are any special needs, medical issues, or allergies, please detail them here:

Health Insurance Information (not necessary for the home study program)

Health Insurance Company: _____ Policy #: _____

Family Physician/Clinic: _____ Phone #: _____

In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported by ambulance for medical emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. If I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my children named herein.

Signature of parent/guardian: _____ Date: _____

Photo Release (not necessary for the home study program)

The parishes of Holy Cross, Mother of Sorrows, St. Charles Borromeo and St. Lawrence:

_____ have permission to photograph my children during the 2025-26 Faith Formation classes to share photos with our parish community through the parish bulletin, newsletter, display boards, etc.

_____ does not have my permission to photograph my children during the 2025-26 classes, activities and events.

Signature of parent/guardian: _____ Date: _____

Family Covenant

At your child's baptism you accepted the responsibility for training your children in the practice of the Catholic Faith. The covenant below outlines the responsibilities of parent and Church in raising the child in our Catholic Faith. By submitting this registration form you are agreeing to: 1) Attend Sunday Mass each week with your children, 2) Provide the opportunity for you and your children to receive the Sacrament of Reconciliation a minimum of at least once a year upon reaching the age of reason, 3) Lead and encourage regular prayer at home, 4) Assure that your children faithfully attend religious education classes and are prepared, and 5) Attend any required parent meetings & workshops.

If you agree to this covenant, please sign here: _____

Required Documents

Please submit the following to your parish office:

- This registration form
- The appropriate program fee:
 - Family Faith Formation: \$100 per family
 - Home Study Faith Formation: \$50 for one child, \$10 for each additional child

If you have any questions about registrations or payments, please contact the Faith Formation Administrator, Maura Spencer, via e-mail at maura.spencer@dor.org or call (585) 663-8000 ext. 3.

If you have any other questions regarding our Faith Formation and sacramental preparation programs please contact the Faith Formation Director, James Sarkis, via e-mail at james.sarkis@dor.org or call (585) 663-8000 ext. 1.