

2024-2025 Faith Formation Registration

Our Lady of the Assumption Parish Faith Formation Program

545 Stratfield Road Fairfield CT 06825 our.lady.assumption@snet.net 203-367-1108

FAMILY INFORMATION

Family Last Name: _____ Date: _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden Name: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Zip: _____

Father's Best Number: _____ Father's Religion: _____

Mother's Best Number: _____ Mother's Religion: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Birthdate: _____ Sacrament Details: check if received

Grade: _____ Baptism____ First Communion____ Confirmation____

Special Considerations: _____ Other Info/Requests: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Birthdate: _____ Sacrament Details: check if received

Grade: _____ Baptism____ First Communion____ Confirmation____

Special Considerations: _____ Other Info/Requests: _____

STUDENT INFORMATION

Student Name: _____ **Catholic?** Yes / No

Birthdate: _____ Sacrament Details: check if received

Grade: _____ Baptism____ First Communion____ Confirmation____

Special Considerations: _____ Other Info/Requests: _____

Please email or mail this form to the Faith Formation Office An Invoice will be mailed separately when form is received. Please include invoice with check.