

2026-2027 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:** _____

Mother: _____ Father: _____

Parent's Best 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 mail this form with your check to the Faith Formation Office by June 30, 2026. Tuition Fees: 1 child \$175.00 2 children: \$285 3 or more children \$335