## MARY MOTHER OF MANKIND CHURCH 25, 4<sup>th</sup> Street, North Providence, RI 02911, Ph. 401-231-3542

## Faith Formation Registration Form

PLEASE **PRINT** CLEARLY AND FILL IN ALL REQUESTED INFORMATION

STUDENT'S FULL NAME:				
LA	AST	FIRST		MIDDLE IN FULL
PRESENT AGE: GENDER	: M F BIRTHDATE:	// M /D/YEAR	Home Phon	e #
Street	City		State	Zip Code
CHEC	CK THE LEVEL YOU WISH	H TO ENROLL YC	OUR CHILD:	
*To enroll your child in the First Co attach to this completed form, a co Pastor, Rev. TJ Varghese.	ppy of your child's Baptisma	al Certificate. If yo		
Grade 1 Grade 2 Grade 3	(Circle the grade be Grade 4 Grade 5	Grade 6 Grade	o 7 Crado 8	Grade 9 Grade 10
Grade I Grade 2 Grade 3	Graue 4 Graue 5	Grade 6 Grade	e i Graue o	Grade 9 Grade 10
**To enroll your child in the Confirmation Program, he/she must have completed Pre-Confirmation. Also, attached to this completed form, a copy of your child's Baptismal and First Communion Certificate. If your child has not received one or both sacraments, please see Fr. TJ Varghese				
Family Data: (PLACE A $\sqrt{1}$ IN	THE BOXES BELOW IF THE II	NFORMATION IS TH	IE SAME AS THE ST	'UDENT'S ABOVE.)
Mother's Name/Legal Guardian (Mrs.	, ,		egal Guardian Title	
Street City, St., Zip		_		
□ Home Phone#				
Cell Phone#				
E-Mail				
Maiden Name				
If applicant is not living with	both parents, to whom an	d at what address s	should mail be se	nt. (No P.O. BOXES)
MOTHERFATHER				
ADDRESS:				
NUMBER AND STREE	Т	CITY	STATE	ZIP CODE
Location & Times of Classes ~ all c	-	-		

- Levels 7~10 will meet Sundays from 11:30pm SHARP 12:30PM.
- Students in the Religious Education Program are required to attend Mass weekly.
- If a student attends another church, he/she needs to bring a signed bulletin to his/her next class.

**Registration Fees** ~ The registration fee for the 2025-2026 school year is \$40.00 per student, not to exceed \$75.00 per family. Please make checks payable to Mary Mother of Mankind Church and attach it to this completed form(s). This fee is for the purchase of books and materials needed in educating your child. If you are unable to meet this fee because of genuine hardship, please talk to Fr. TJ Varghese. This will not be a barrier to enrolling your child in religious education.

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT YOU, WHOM SHOULD WE CONTACT? (over  $\rightarrow$ )

NAME

RELATION TO STUDENT\_\_\_\_\_ Cell\_\_\_\_

Please list all the adults (including parents) authorized to pick up your child. Your child will not be released to any other adult who is not listed below:

Emergency Name#1	Relationship
Phone #	Cell#
Emergency Name#2	Relationship
Phone #	Cell#
Emergency Name#3	Relationship
Phone #	Cell#
STUDENT MEDICAL INFORMATION Allergies	
Physical Disabilities:	
Learning Disabilities:	
~ Pr	noto Image Consent Form ~
Program to use, publish, display, and/or reprodu	not to Mary Mother of Mankind Parish and the Religious Education ace any video/recorded voice/digital media, photographs of my Mother of Mankind Parish and the Religious Education Program.
	or <b>do not give permission</b> for
Child's full nam	he Child's full name
	described above. We are willing to release this into the public domain o monetary compensation will be given for its use.
Parent/Guardian	Parent/Guardian
Print Name	Parent/Guardian Signature
	Date
Special Note: All students participating in the Rel sacraments they have received thus	ligious Education Program must provide a copy of the certificates of the s far if you have not yet done so.
	FOR OFFICE USE ONLY
BAPTISMAL RECORD YES ( ) NO ( ) DA 1st PENANCE YES ( ) NO ( ) DATE	TE 1st communion record YES ( ) NO ( ) DATE

CASH \_\_\_\_\_

RECD. BY \_\_\_\_\_

DATE

REGISTRATION FEE YES ( ) NO ( ) FEES W/\_\_\_\_\_

AMOUNT PAID\_\_\_\_\_ CK. #\_\_\_\_\_