

St. Paul VI Parish Faith Formation

2022/2023 Registration Form

Family Information

Parent #1: _____ Cell #: _____ Ok to text? (circle) Y N
First Last

Email: _____ Relationship to Child: _____

Address: _____
Street City Zip Code

Are you interested in volunteering this year? (circle) Yes No

Preferred Language: _____

Parent #2: _____ Cell #: _____ Ok to text? (circle) Y N
First Last

Email: _____ Relationship to Child: _____

Address: _____
(If different from above) Street City Zip Code

Are you interested in volunteering this year? (circle) Yes No

Preferred Language: _____

Family Sessions
at OLMC Church Hall
(Grades PreK-5)
Please check one:

- Sundays 9:00-10:15am
- Mondays 6-7:15pm
- Tuesdays 6-7:15pm (*Bilingual*)

Youth Ministry Small Groups
at OLMC Parish Center
(Grades 6-12)
Please check one:

- Sundays 6-7:15pm
- Mondays 6-7:15pm
- Tuesdays 6-7:15pm

Registration Fees & Information

Bring form & payment to in person registration at OLMC Parish Center (54 South New Road):

1 child \$50
2 children \$80
3+ children \$120

Tuesday: 9/6 & 9/13 from 5-7pm
Wednesday: 9/7 & 9/14 from 5-7pm
Thursday: 9/8 & 9/15 from 12-2pm

***** Checks made payable to St. Paul VI Parish*****

**** Please note that no child or family is ever denied the opportunity to participate in Faith Formation because of an inability to monetarily contribute. Please contact us if your family is in need of financial assistance****

Pictures/videos may be taken during activities and class for the church bulletin or website. Please initial:
_____ Yes, you may use my child/ren's image _____ No, you may not use my child/ren's image

*Questions? Contact Megan Zinn – Email divine.mercy.ore@gmail.com / Phone/Text 203-433-2809 or
Betsy Fitzsimons – Email olomcreled1@gmail.com / Phone 203-287-0316*

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Student #1 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #2 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #3 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #4 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____

Student #5 Information

Name: _____ Date of Birth: _____ Entering Grade: _____
School: _____ Academic Needs: _____
Medications/Allergies: _____
Date & Parish of Baptism: _____