St. Ignatius
CATHOLIC COMMUNITY

2026-2027 Faith Formation Registration

Office Use ONLY
☐ $50/Family ☐ Cash
☐ $50/Sacramental Preparation (only First communion) ☐
Check_____

FAMILY INFORMATION

Family Name _____ Home Parish _____

Preferred Mass: St Ignatius: ☐ Saturday 5pm ☐ Sunday 8am ☐ Sunday 11:30am
☐ Other _____

Address _____
Street City State Zip Code

Father's Name _____ Catholic ☐ Yes ☐ No
(First-Middle-Last)

Mother's Name _____ Catholic ☐ Yes ☐ No
(First-Middle-Maiden-Last)\

Primary Contact Information
☐ Father ☐ Mother ☐ Other
Phone _____
Email _____

Secondary Contact Information
☐ Father ☐ Mother ☐ Other
Phone _____
Email _____

CHILD 1

Name _____ ☐ Male ☐ Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/26) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

_____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade): ☐

CHILD 2

Name _____ ☐ Male ☐ Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/26) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

_____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade): ☐

CHILD 3

Name _____ ☐ Male ☐ Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/26) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

_____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade): ☐

CHILD 4

Name _____ ☐ Male ☐ Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/26) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

_____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade): ☐

CHILD 5

Name _____ ☐ Male ☐ Female
(First-Middle-Last)

Birthdate _____ Grade (as of 9/1/26) _____ School _____
Month/Day/Year

List allergies, current medications, or other pertinent information: _____

_____

Check for Non-Traditional Sacramental Preparation (did not receive Reconciliation/Eucharist in 2nd grade): ☐

PHOTO RELEASE

I understand that through their participation in this program, my child(ren) listed on this registration may be photographed for use in promotion of programs.

As parent/guardian, I _____DO GIVE _____ DO NOT GIVE permission for my child(ren) to be photographed during this program.

Signature of Parent/Guardian _____ Date _____

**PLEASE RETURN FORM TO PARISH OFFICE OR EMAIL TO:
youth@stiggys.org