



**Faith Formation Program
2023-2024**

121 Mt. Pleasant St.

New Bedford, MA

Office: (774) 202-5785

Coordinator of Gr1-7

Coordinator of Confirmation 1&2

Admin Assistant

Eileen Frasier - Eileen@whalingcitycatholics.org

Ted Machado - Ted@whalingcitycatholics.org

Carol Larkin - Carol@whalingcitycatholics.org

Student Information

First	Middle	Last
DOB:	Faith Formation Grade:	
Place of Birth:	Gender:	
School:	Grade:	1 st Language:

Address:		
City:	State:	Zip Code:

Mailing if Different:

Address:		
City:	State:	Zip Code:

Place of Baptism:	Date:
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(Provide copy if not St Lawrence, Holy Name of the Sacred Heart, or St. Francis of Assisi)

First Communion Church:	Date:
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Is the Student the Oldest Sibling in the Program? Yes No

Name:	Grade:
Name:	Grade:
Name:	Grade:

Please provide any information regarding your child's physical, educational, and/or health challenges:

Learning Disabilities (If Any):

Health Concerns / Medications (If any):

(allergies, epi pens?)

Father/Legal Guardian's Information

Legal Name:	Living:
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Address:		
City:	State:	Zip Code:

Home Phone:	Cell Phone:
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Email Address:	
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Employer:	Work Phone #:
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Religion:	Parish/Church:
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Mother/Legal Guardian's Information

Legal Name:	Living:
Maiden Name:	

Address:		
City:	State:	Zip Code:

Home Phone:	Cell Phone:
Email Address:	
Employer:	Work Phone #:
Religion:	Parish/Church:

Best person to reach by Phone: _____ by E-mail: _____

Student Email Address: _____

(With Parent's Permission, Confirmation 1 & 2 Students ONLY):

Emergency Contact

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

IS THERE ANYONE NOT ALLOWED TO PICK UP YOUR CHILD?

Technology

Please check ALL that applies regarding access to technology at home for your child's to use (to prepare for the upcoming year):

- internet desktop computer laptop/chrome book tablet
printer cell phone Other

Signature

By checking the box and signing, I acknowledge that all information listed is correct to the best of my knowledge AND my son/daughter_____ has my permission to attend Faith Formation for the 2022-2023 school year.

Parent/Guardian Signature

Date:

COPIES OF ANY DOCUMENTS RELATING TO LEGAL CUSTODY ISSUES MUST BE PROVIDED TO THE OFFICE BY THE BEGINNING OF FAITH FORMATION CLASSES

For Office Use Only: Payment received _____ Date _____
Check Number _____ Cash _____ ONLINE _____