

Immaculate Heart of Mary

Office of Religious Education

22375 Three Notch Road Lexington Park, Maryland, 20653 301-863-8793 FAX 301-863-8180 2017-2018

RETURNING STUDENTS REGISTRATION FORM IHM Children's Faith Formation (CFF) Program

| STUDENT'S FULL NAME: | | | _ LAST LEVEL CFF: | AGE: |
|---|-------------------------------|-------------------|---|------------------------|
| PARENT/GUARDIAN NAME: | | | PHONE NUMBER: | |
| ADDRESS: | | | EMAIL: | |
| ALTERNATE ADULT ALLOWED TO PICK-UP THE STUDENT: | | | | |
| | | | | |
| Other brothers or sisters who will also attend CFF | | | | |
| | FIRST NAME | LAST NAME | last CFF LEV | YEL AGE |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| | | L | - 1 | |
| MASS OUR FAMILY USUALLY ATTENDS (please check one) | | | | |
| Saturday 4pm Vigil Mass 8:30 AM Sunday Mass 11:15 AM Sunday Mass 1pm SPANISH Mass | | | | |
| | | | | |
| PLEASE check the statements that apply to your family: | | | | |
| I understand that IHM CFF follows the Archdiocese of Washington faith knowledge standards | | | | |
| Lessons and work during absences have to be made up before promotion to the next level It is my responsibility to personally contact the catechists for make-up work/lessons | | | | |
| There are at least 2 parent meetings held each year, which I have to attend or support I will bring my child to the Sunday Mass which their class will sponsor | | | | |
| During faith formation events and socials, I allow my family to be photographed | | | | |
| After CFF classes, I allow my child to leave the classroom by him/herself (only Level 4 & above) My child is preparing for First Reconciliation | | | | |
| My child is preparing for First Holy Communion | | | | |
| CFF | VOLUNTEER INFORMATION – Can y | you help? YES | NO | |
| | | | | |
| I have read and understand the above: Phone Number Signature and Date | | | Phone Number: | |
| PERSON FILLING OUT THIS FORM: RELATIONSHIP TO THE STUDENT: | | | | |
| Places make shocks neverble to: 14M | | | | |
| CFF OFFICE STAFF Please make checks payable to: I H M By July> Aug 15> Sep 15 By July> Aug 15> Sep 15 | | | | |
| Recor | [.] ds Verified By:1 | Date: No : | ramental Preparation: n-Sacramental LEVEL: | 80 100 125 40 60 80 |
| DATE Entered into DATABASE: Paid Cash: Check #: 2nd Non-Sacramental child: 30 40 50 | | | | |
| 3 rd Non-Sacramental child: 20 30 40 | | | | |